

Missouri Long Term Care Facilities Directory

ABBEY SENIOR HEALTH

206 NORTH MAIN ST
O'FALLON MO 63366-2299
Mailing Address 206 NORTH MAIN ST
O'FALLON MO 63366-2299

Telephone (636) 240-5754
Level of Care: SNF
County SAINT CHARLES
Region 5
Alzheimer's Unit No
Bed Capacity 55
DMH Licensed No
Facility Number 27367

ABBEY WOODS CENTER FOR REHABILITATION AND HEALING

5026 FARAON ST
SAINT JOSEPH MO 64506-3375
Mailing Address 5026 FARAON ST
SAINT JOSEPH MO 64506-3375

Telephone (816) 279-1591
Level of Care: SNF
County BUCHANAN
Region 4
Alzheimer's Unit No
Bed Capacity 100
DMH Licensed No
Facility Number 01463

ABERDEEN HEIGHTS

505 COUCH AVE
KIRKWOOD MO 63122-5536
Mailing Address 505 COUCH AVE
KIRKWOOD MO 63122-5536

Telephone (314) 909-6000
Level of Care: SNF
County SAINT LOUIS COUNTY
Region 7
Alzheimer's Unit No
Bed Capacity 38
DMH Licensed No
Facility Number 27570

ABERDEEN HEIGHTS

505 COUCH AVE
KIRKWOOD MO 63122-5536
Mailing Address 505 COUCH AVE
KIRKWOOD MO 63122-5536

Telephone (314) 909-6000
Level of Care: ICF
County SAINT LOUIS COUNTY
Region 7
Alzheimer's Unit Yes
Bed Capacity 16
DMH Licensed No
Facility Number 27570

ABERDEEN HEIGHTS

505 COUCH AVE
KIRKWOOD MO 63122-5536
Mailing Address 505 COUCH AVE
KIRKWOOD MO 63122-5536

Telephone (314) 909-6000
Level of Care: ALF**
County SAINT LOUIS COUNTY
Region 7
Alzheimer's Unit No
Bed Capacity 36
DMH Licensed No
Facility Number 27570

ACKERT PARK SKILLED NURSING & REHABILITATION CENTER

894 LELAND AVE
UNIVERSITY CITY MO 63130-3239
Mailing Address 894 LELAND AVE
UNIVERSITY CITY MO 63130-3239

Telephone (314) 726-4767
Level of Care: SNF
County SAINT LOUIS COUNTY
Region 7
Alzheimer's Unit No
Bed Capacity 130
DMH Licensed No
Facility Number 02100

ADAIR VILLAGE

1801 N GAINES DR
CLINTON MO 64735-1127
Mailing Address 1801 N GAINES DR
CLINTON MO 64735-1127

Telephone (660) 885-8196
Level of Care: SNF
County HENRY
Region 1
Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 08521

ADDINGTON PLACE OF LEE'S SUMMIT

2160 SE BLUE PARKWAY
LEE'S SUMMIT MO 64063-1007
Mailing Address 2160 SE BLUE PARKWAY
LEE'S SUMMIT MO 64063-1007

Telephone (816) 554-0101
Level of Care: ALF**
County JACKSON
Region 3
Alzheimer's Unit Yes
Bed Capacity 88
DMH Licensed No
Facility Number 28136

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

ADDINGTON PLACE OF SHOAL CREEK

9601 NORTH TULLIS DR
 KANSAS CITY MO 64157-7890
Mailing Address 9601 NORTH TULLIS DR
 KANSAS CITY MO 64157-7890

Telephone (816) 407-9667
Level of Care: ALF**
County CLAY
Region 4

Alzheimer's Unit Yes
Bed Capacity 88
DMH Licensed No
Facility Number 28129

ADVANCE ASSISTED LIVING

252 PAYTON PLACE
 ADVANCE MO 63730-7251
Mailing Address PO BOX 790
 ADVANCE MO 63730-0790

Telephone (573) 722-5200
Level of Care: ALF
County STODDARD
Region 2

Alzheimer's Unit No
Bed Capacity 44
DMH Licensed No
Facility Number 28426

AKINS HEALTH CARE, INC

4432 WEST BELLE PL
 SAINT LOUIS MO 63108-2617
Mailing Address 4432 WEST BELLE PL
 SAINT LOUIS MO 63108-2617

Telephone (314) 652-8908
Level of Care: RCF
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 00078

ALBANY PLACE LLC

520 S ALBANY
 BOLIVAR MO 65613-2116
Mailing Address PO BOX 176
 BOLIVAR MO 65613-0176

Telephone (417) 777-8040
Level of Care: RCF*
County POLK
Region 1

Alzheimer's Unit No
Bed Capacity 16
DMH Licensed Yes
Facility Number 24731

ALLEGRO

1055 BELLEVUE AVENUE
 RICHMOND HEIGHTS MO 63117-1827
Mailing Address 1055 BELLEVUE AVENUE
 RICHMOND HEIGHTS MO 63117-1827

Telephone (314) 332-8372
Level of Care: ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 88
DMH Licensed No
Facility Number 31437

ALLWAYS KARE RESIDENTIAL FACILITY, INC

5076 WATERMAN
 SAINT LOUIS MO 63108-1102
Mailing Address 5076 WATERMAN
 SAINT LOUIS MO 63108-1102

Telephone (314) 367-9516
Level of Care: RCF
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 05212

AMBROSE PARK

517 NORTH OAK
 COLE CAMP MO 65325-1264
Mailing Address PO BOX 252
 COLE CAMP MO 65325-0252

Telephone (660) 668-3140
Level of Care: RCF
County BENTON
Region 6

Alzheimer's Unit No
Bed Capacity 30
DMH Licensed No
Facility Number 26313

ANEW HEALTHCARE SAVANNAH

13277 STATE ROUTE D
 SAVANNAH MO 64485-9431
Mailing Address 13277 STATE ROUTE D
 SAVANNAH MO 64485-9431

Telephone (816) 324-5991
Level of Care: SNF
County ANDREW
Region 4 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 88
DMH Licensed No
Facility Number 07147

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

ANNEW SENIOR LIVING

2801 NE 60TH ST
GLADSTONE MO 64119-2040
Mailing Address 2801 NE 60TH ST
GLADSTONE MO 64119-2040

Telephone (816) 454-7755
Level of Care: RCF
County CLAY
Region 4

Alzheimer's Unit No
Bed Capacity 100
DMH Licensed No
Facility Number 11794

ANNA DODSON HOME

4616 HIGHWAY D
FARMINGTON MO 63640-7241
Mailing Address 4616 HWY D
FARMINGTON MO 63640-7241

Telephone (573) 756-5530
Level of Care: RCF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 17
DMH Licensed Yes
Facility Number 02160

ANNA DODSON HOME

4616 HIGHWAY D
FARMINGTON MO 63640-7241
Mailing Address 4616 HWY D
FARMINGTON MO 63640-7241

Telephone (573) 756-5530
Level of Care: RCF*
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 02160

ANNA'S HOUSE RESIDENTIAL CARE FACILITY LLC

194 STATE HIGHWAY MM
NIANGUA MO 65713-8411
Mailing Address 194 STATE HWY MM
NIANGUA MO 65713-8411

Telephone (417) 473-6000
Level of Care: RCF
County WEBSTER
Region 1

Alzheimer's Unit No
Bed Capacity 11
DMH Licensed Yes
Facility Number 13487

ANNIE'S HOUSE INC

25228 BUZZARD DRIVE
MARBLE HILL MO 63764-9408
Mailing Address 25228 BUZZARD DRIVE
MARBLE HILL MO 63764-9408

Telephone (573) 238-1300
Level of Care: RCF
County BOLLINGER
Region 2

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed Yes
Facility Number 30984

ANTHOLOGY OF BURLINGTON CREEK

6311 NORTH COSBY AVENUE
KANSAS CITY MO 64151-2344
Mailing Address 6311 N COSBY AVENUE
KANSAS CITY MO 64151-2344

Telephone (816) 505-3030
Level of Care: ALF**
County PLATTE
Region 4

Alzheimer's Unit Yes
Bed Capacity 110
DMH Licensed No
Facility Number 30198

ANTHOLOGY OF CLAYTON VIEW

8825 EAGER ROAD
SAINT LOUIS MO 63144-1205
Mailing Address 8825 EAGER ROAD
SAINT LOUIS MO 63144-1205

Telephone (314) 961-1700
Level of Care: ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 30363

ANTHOLOGY OF THE PLAZA

2 EMANUEL CLEAVER II BLVD
KANSAS CITY MO 64112-1712
Mailing Address 2 EMANUEL CLEAVER II BLVD
KANSAS CITY MO 64112-1712

Telephone (816) 505-3030
Level of Care: ALF**
County JACKSON
Region 3

Alzheimer's Unit Yes
Bed Capacity 96
DMH Licensed No
Facility Number 31791

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

ANTHOLOGY OF TOWN & COUNTRY

1020 WOODS MILL ROAD
TOWN AND COUNTRY MO 63017-0603
Mailing Address 1020 WOODS MILL ROAD
TOWN AND COUNTRY MO 63017-0603

Telephone (636) 527-4444 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 95
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 30612

ANTHOLOGY OF WILDWOOD

251 PLAZA DRIVE
WILDWOOD MO 63040-1203
Mailing Address 251 PLAZA DRIVE
WILDWOOD MO 63040-1203

Telephone (636) 273-3900 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 94
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 31049

APPLE RIDGE CARE CENTER

100 WEST THOMAS AVE
WAVERLY MO 64096-9143
Mailing Address PO BOX 188
WAVERLY MO 64096-0188

Telephone (660) 493-2232 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 60
County LAFAYETTE **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 08823

APPLEGATE RETIREMENT HOME

1204 TELEGRAPH RD
SAINT LOUIS MO 63125-2528
Mailing Address 1204 TELEGRAPH RD
SAINT LOUIS MO 63125-2528

Telephone (314) 631-2003 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 38
County SAINT LOUIS COUNTY **DMH Licensed** Yes
Region 7 **Facility Number** 14409

APPLETON CITY MANOR

600 NORTH OHIO ST
APPLETON CITY MO 64724-1609
Mailing Address PO BOX 98
APPLETON CITY MO 64724-0098

Telephone (660) 476-2128 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County SAINT CLAIR **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 01637

ARBOR HILLS NURSING AND REHABILITATION CENTER

800 CHAMBERS RD
FERGUSON MO 63135-2133
Mailing Address 800 CHAMBERS RD
FERGUSON MO 63135-2133

Telephone (314) 524-1111 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 150
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 01435

ARBOR HILLS NURSING AND REHABILITATION CENTER

800 CHAMBERS RD
FERGUSON MO 63135-2133
Mailing Address 800 CHAMBERS RD
FERGUSON MO 63135-2133

Telephone (314) 524-1111 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 28
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 01435

ARBORS AT DUNSFORD COURT- MEMORY CARE ASSISTED LIVING BY AMERICARE

775 DUNSFORD ROAD
SULLIVAN MO 63080-1270
Mailing Address 775 DUNSFORD RD
SULLIVAN MO 63080-1270

Telephone (573) 468-2600 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 50
County FRANKLIN **DMH Licensed** No
Region 6 **Facility Number** 16094

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

ARBORS AT GLENDALE GARDENS - MEMORY CARE BY AMERICARE, THE

1300 SOUTH MAIN		Telephone	(660) 885-2272	Alzheimer's Unit	Yes
CLINTON	MO 64735-2728	Level of Care:	ALF**	Bed Capacity	42
Mailing Address 1300 S MAIN		County	HENRY	DMH Licensed	No
CLINTON	MO 64735-2728	Region	1	Facility Number	17054

ARBORS AT HARMONY GARDENS-MEMORY CARE ASSISTED LIVING BY AMERICARE THE

539 EAST YOUNG AVENUE		Telephone	(660) 429-0034	Alzheimer's Unit	Yes
WARRENSBURG	MO 64093-	Level of Care:	ALF**	Bed Capacity	24
Mailing Address 539 EAST YOUNG AVENUE		County	JOHNSON	DMH Licensed	No
WARRENSBURG	MO 64093-	Region	3	Facility Number	31389

ARBORS AT HIGHLAND CREST - ALZHEIMERS ASSISTED LIVING BY AMERICARE, THE

620 GILASPY ROAD		Telephone	(660) 627-8004	Alzheimer's Unit	Yes
KIRKSVILLE	MO 63501-4678	Level of Care:	ALF**	Bed Capacity	28
Mailing Address 620 GILASPY RD		County	ADAIR	DMH Licensed	No
KIRKSVILLE	MO 63501-4678	Region	5	Facility Number	23608

ARBORS AT LAKEVIEW BEND - ASSISTED LIVING BY AMERICARE, THE

1700 ASBURY CIRCLE WEST		Telephone	(573) 581-8777	Alzheimer's Unit	Yes
MEXICO	MO 65265-1400	Level of Care:	ALF**	Bed Capacity	39
Mailing Address 1722 HUNTINGFIELD DR		County	AUDRAIN	DMH Licensed	No
MEXICO	MO 65265-3808	Region	5	Facility Number	13544

ARBORS AT MOUNT CARMEL, THE

723 FIRST CAPITOL DR		Telephone	(636) 946-4140	Alzheimer's Unit	No
SAINT CHARLES	MO 63301-2729	Level of Care:	ALF**	Bed Capacity	30
Mailing Address 723 FIRST CAPITOL DR		County	SAINT CHARLES	DMH Licensed	No
SAINT CHARLES	MO 63301-2729	Region	5	Facility Number	29396

ARBORS AT PARKSIDE - MEMORY CARE ASSISTED LIVING BY AMERICARE

1700 EAST 10TH ST		Telephone	(573) 364-2602	Alzheimer's Unit	Yes
ROLLA	MO 65401-4600	Level of Care:	ALF**	Bed Capacity	22
Mailing Address 1700 E 10TH ST		County	PHELPS	DMH Licensed	No
ROLLA	MO 65401-4600	Region	6	Facility Number	13589

ARBORS AT VICTORIAN PLACE OF CUBA, MEMORY CARE ASSISTED LIVING BY AMERICARE, THE

903 HWY DD		Telephone	(573) 885-0379	Alzheimer's Unit	Yes
CUBA	MO 65453-8089	Level of Care:	ALF**	Bed Capacity	32
Mailing Address 903 HWY DD		County	CRAWFORD	DMH Licensed	No
CUBA	MO 65453-8089	Region	6	Facility Number	27071

ARBORS AT VICTORIAN PLACE OF WASHINGTON, MEMORY CARE ASSISTED LIVING BY AMERICARE, THE

2701 RABBIT TRAIL DR		Telephone	(636) 390-9500	Alzheimer's Unit	Yes
WASHINGTON	MO 63090-6711	Level of Care:	ALF**	Bed Capacity	32
Mailing Address 2701 RABBIT TRAIL DR		County	FRANKLIN	DMH Licensed	No
WASHINGTON	MO 63090-6711	Region	6	Facility Number	28065

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

ARBORS AT WESTBROOK TERRACE-ALZHEIMER'S ASSISTED LIVING BY AMERICARE

3409 NORTH 10 MILE DR		Telephone	(573) 556-5648	Alzheimer's Unit	Yes
JEFFERSON CITY	MO 65109-0530	Level of Care:	ALF**	Bed Capacity	26
Mailing Address 3409 NORTH 10 MILE DR		County	COLE	DMH Licensed	No
JEFFERSON CITY	MO 65109-0530	Region	6	Facility Number	27914

ARBORS AT WESTRIDGE PLACE - MEMORY CARE BY AMERICARE, THE

539 NORTH WEST ST		Telephone	(573) 471-6484	Alzheimer's Unit	Yes
SIKESTON	MO 63801-5443	Level of Care:	ALF**	Bed Capacity	28
Mailing Address 539 NORTH WEST ST		County	SCOTT	DMH Licensed	No
SIKESTON	MO 63801-5443	Region	2	Facility Number	12693

ARIZONA CARE CENTER

101 ARIZONA ST		Telephone	(573) 237-4830	Alzheimer's Unit	No
NEW HAVEN	MO 63068-1210	Level of Care:	ALF	Bed Capacity	15
Mailing Address 101 ARIZONA ST		County	FRANKLIN	DMH Licensed	Yes
NEW HAVEN	MO 63068-1210	Region	6	Facility Number	19080

ARMOUR OAKS SENIOR LIVING COMMUNITY

8100 WORNALL RD		Telephone	(816) 363-5141	Alzheimer's Unit	No
KANSAS CITY	MO 64114-5806	Level of Care:	ALF	Bed Capacity	47
Mailing Address 8100 WORNALL RD		County	JACKSON	DMH Licensed	No
KANSAS CITY	MO 64114-5806	Region	3	Facility Number	00199

ARMOUR OAKS SENIOR LIVING COMMUNITY

8100 WORNALL RD		Telephone	(816) 363-5141	Alzheimer's Unit	No
KANSAS CITY	MO 64114-5806	Level of Care:	SNF	Bed Capacity	38
Mailing Address 8100 WORNALL RD		County	JACKSON	DMH Licensed	No
KANSAS CITY	MO 64114-5806	Region	3 Medicare/Medicaid	Facility Number	00199

ARROWHEAD SENIOR LIVING COMMUNITY

6100 ARROWHEAD DRIVE		Telephone	(573) 302-7111	Alzheimer's Unit	No
OSAGE BEACH	MO 65065-	Level of Care:	SNF	Bed Capacity	80
Mailing Address 6100 ARROWHEAD DRIVE		County	CAMDEN	DMH Licensed	No
OSAGE BEACH	MO 65065-	Region	6 Medicare/Medicaid	Facility Number	31536

ARROWHEAD SENIOR LIVING COMMUNITY

6100 ARROWHEAD DRIVE		Telephone	(573) 302-7111	Alzheimer's Unit	Yes
OSAGE BEACH	MO 65065-	Level of Care:	ALF**	Bed Capacity	90
Mailing Address 6100 ARROWHEAD DRIVE		County	CAMDEN	DMH Licensed	No
OSAGE BEACH	MO 65065-	Region	6	Facility Number	31536

ASCENSION LIVING SHERBROOKE VILLAGE

4005 RIPA AVE		Telephone	(314) 544-1111	Alzheimer's Unit	No
SAINT LOUIS	MO 63125-2378	Level of Care:	ALF**	Bed Capacity	88
Mailing Address 4005 RIPA AVE		County	SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63125-2378	Region	7	Facility Number	15436

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

ASCENSION LIVING SHERBROOKE VILLAGE

4005 RIPA AVE
 SAINT LOUIS MO 63125-2378
Mailing Address 4005 RIPA AVE
 SAINT LOUIS MO 63125-2378

Telephone (314) 544-1111 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 167
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 15436

ASH GROVE HEALTHCARE FACILITY

401 NORTH MEDICAL DR
 ASH GROVE MO 65604-1004
Mailing Address PO BOX 247
 ASH GROVE MO 65604-0247

Telephone (417) 751-2575 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 82
County GREENE **DMH Licensed** No
Region 1 Medicare/Medicaid Facility Number 00200

ASHBROOK - ASSISTED LIVING BY AMERICARE

500 ASHBROOK DR
 FARMINGTON MO 63640-9235
Mailing Address 500 ASHBROOK DR
 FARMINGTON MO 63640-9235

Telephone (573) 756-5544 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 72
County SAINT FRANCOIS **DMH Licensed** No
Region 2 Facility Number 18138

ASHBURY HEIGHTS OF CHILLICOTHE

603 ST LOUIS ST
 CHILLICOTHE MO 64601-2438
Mailing Address 603 ST LOUIS ST
 CHILLICOTHE MO 64601-2438

Telephone (660) 707-1270 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 12
County LIVINGSTON **DMH Licensed** Yes
Region 4 Facility Number 23909

ASHBURY HEIGHTS OF FAYETTE

200 GROCE ST
 FAYETTE MO 65248-9813
Mailing Address 200 GROCE ST
 FAYETTE MO 65248-9813

Telephone (660) 248-3603 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 12
County HOWARD **DMH Licensed** No
Region 5 Facility Number 23894

ASHBURY HEIGHTS OF FULTON

704 WEST CHESTNUT
 FULTON MO 65251-1254
Mailing Address 704 WEST CHESTNUT
 FULTON MO 65251-1254

Telephone (573) 642-2015 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 12
County CALLAWAY **DMH Licensed** No
Region 6 Facility Number 23923

ASHBURY HEIGHTS OF JEFFERSON CITY

834 WEATHERED ROCK COURT
 JEFFERSON CITY MO 65101-1824
Mailing Address 834 WEATHERED ROCK COURT
 JEFFERSON CITY MO 65101-1824

Telephone (573) 634-7402 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 12
County COLE **DMH Licensed** No
Region 6 Facility Number 23936

ASHBURY HEIGHTS OF LAURIE

299 HIGHWAY RA
 LAURIE MO 65038-6024
Mailing Address 299 HIGHWAY RA
 LAURIE MO 65038-6024

Telephone (573) 374-0076 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 12
County MORGAN **DMH Licensed** No
Region 6 Facility Number 23915

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

ASHBURY HEIGHTS OF MONTGOMERY CITY

625 WEST 2ND ST
MONTGOMERY CITY MO 63361-1762
Mailing Address 625 WEST 2ND ST
MONTGOMERY CITY MO 63361-1762

Telephone (573) 564-3386 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 12
County MONTGOMERY **DMH Licensed** No
Region 6 **Facility Number** 20160

ASHBURY HEIGHTS OF TIPTON

908 SOUTH PARK
TIPTON MO 65081-8408
Mailing Address 908 SOUTH PARK
TIPTON MO 65081-8408

Telephone (660) 433-6496 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 12
County MONITEAU **DMH Licensed** No
Region 6 **Facility Number** 16506

ASHLAND HEALTHCARE

300 SOUTH HENRY CLAY BLVD
ASHLAND MO 65010-9438
Mailing Address 300 S HENRY CLAY BLVD
ASHLAND MO 65010-9438

TEMPORARY CLOSURE - STAFFING

Telephone (573) 657-2877 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County BOONE **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 17908

ASHLAND VILLA - ASSISTED LIVING BY AMERICARE

301 SOUTH HENRY CLAY BLVD
ASHLAND MO 65010-9439
Mailing Address 301 SOUTH HENRY CLAY BLVD
ASHLAND MO 65010-9439

Telephone (573) 657-1920 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 72
County BOONE **DMH Licensed** No
Region 6 **Facility Number** 20303

ASHLEY MANOR CARE CENTER

1630 RADIO HILL RD
BOONVILLE MO 65233-1957
Mailing Address 1630 RADIO HILL RD
BOONVILLE MO 65233-1957

Telephone (660) 882-6584 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 52
County COOPER **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 00216

ASHTON COURT CARE AND REHABILITATION CENTRE

1200 WEST COLLEGE ST
LIBERTY MO 64068-1036
Mailing Address 1200 WEST COLLEGE ST
LIBERTY MO 64068-1036

Telephone (816) 781-3020 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 140
County CLAY **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 01961

ASPIRE SENIOR LIVING ADVANCE

315 SOUTH TILLEY ST
ADVANCE MO 63730-7230
Mailing Address 315 S TILLEY ST
ADVANCE MO 63730-7230

Telephone (573) 722-3440 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 70
County STODDARD **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 11722

ASPIRE SENIOR LIVING EAST PRAIRIE

186 MILLAR RD
EAST PRAIRIE MO 63845-1180
Mailing Address PO BOX 299
EAST PRAIRIE MO 63845-0299

Telephone (573) 649-3551 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 70
County MISSISSIPPI **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 12083

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

ASPIRE SENIOR LIVING EXCELSIOR SPRINGS

1003 MEADOWLARK LN
 EXCELSIOR SPRINGS MO 64024-3304
Mailing Address 1003 MEADOWLARK LN
 EXCELSIOR SPRINGS MO 64024-3304

Telephone (816) 630-3145 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 108
County CLAY **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 19197

ASPIRE SENIOR LIVING FAYETTE

501 SOUTH PARK
 FAYETTE MO 65248-8952
Mailing Address 501 S PARK
 FAYETTE MO 65248-8952

Telephone (660) 248-3371 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County HOWARD **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 10870

ASPIRE SENIOR LIVING GERALD

533 CANAAN ROAD
 GERALD MO 63037-2515
Mailing Address PO BOX 180
 GERALD MO 63037-0180

Telephone (573) 764-2135 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County FRANKLIN **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 13926

ASPIRE SENIOR LIVING JONESBURG

308 CEDAR AVE
 JONESBURG MO 63351-1126
Mailing Address PO BOX 218
 JONESBURG MO 63351-0218

Telephone (636) 488-5400 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 90
County MONTGOMERY **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 13265

ASPIRE SENIOR LIVING MALDEN

1209 STOKELAN
 MALDEN MO 63863-1335
Mailing Address 1209 STOKELAN
 MALDEN MO 63863-1335

Telephone (573) 276-5115 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 70
County DUNKLIN **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 12465

ASPIRE SENIOR LIVING MOBERLY

700 EAST URBANDALE DR
 MOBERLY MO 65270-1966
Mailing Address 700 EAST URBANDALE DR
 MOBERLY MO 65270-1966

Telephone (660) 263-9060 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 120
County RANDOLPH **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 12523

ASPIRE SENIOR LIVING OAK GROVE

2108 SOUTH MITCHELL
 OAK GROVE MO 64075-9472
Mailing Address 2108 S MITCHELL
 OAK GROVE MO 64075-9472

Telephone (816) 690-4118 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 90
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 05849

ASPIRE SENIOR LIVING PLATTE CITY

220 O'ROURKE DRIVE
 PLATTE CITY MO 64079-9360
Mailing Address PO BOX 1310
 PLATTE CITY MO 64079-1310

Telephone (816) 858-5222 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County PLATTE **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 12655

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

ASSISTED LIVING AT CHARLESS VILLAGE

5943 TELEGRAPH RD
 SAINT LOUIS MO 63129-4715
Mailing Address 5943 TELEGRAPH RD
 SAINT LOUIS MO 63129-4715

Telephone (314) 846-2002 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 18
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 05586

ASSISTED LIVING AT THE MEADOWLANDS

135 MEADOWLANDS ESTATES LN
 O'FALLON MO 63366-4591
Mailing Address 135 MEADOWLANDS ESTATES LN
 O'FALLON MO 63366-4591

Telephone (636) 978-3600 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 86
County SAINT CHARLES **DMH Licensed** No
Region 5 **Facility Number** 26475

AUBURN CREEK - ASSISTED LIVING BY AMERICARE

2910 BEAVER CREEK DR
 CAPE GIRARDEAU MO 63701-1732
Mailing Address 2910 BEAVER CREEK DR
 CAPE GIRARDEAU MO 63701-1732

Telephone (573) 651-0199 **Alzheimer's Unit** Yes
Level of Care: ALF **Bed Capacity** 53
County CAPE GIRARDEAU **DMH Licensed** No
Region 2 **Facility Number** 19892

AUBURN RIDGE LIVING CENTER

1425 ASHBURY WAY
 WARDSVILLE MO 65101-1007
Mailing Address 1425 ASHBURY WAY
 WARDSVILLE MO 65101-1007

Telephone (573) 634-2031 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 24
County COLE **DMH Licensed** No
Region 6 **Facility Number** 31832

AURORA NURSING CENTER

1700 SOUTH HUDSON AVE
 AURORA MO 65605-2717
Mailing Address 1700 S HUDSON AVE
 AURORA MO 65605-2717

Telephone (417) 678-2165 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 125
County LAWRENCE **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 00234

AUTUMN OAKS CARING CENTER

1310 HOVIS ST
 MOUNTAIN GROVE MO 65711-1219
Mailing Address 1310 HOVIS ST
 MOUNTAIN GROVE MO 65711-1219

Telephone (417) 926-5128 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 120
County WRIGHT **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 07970

AUTUMN PLACE RESIDENTIAL CARE OF JOPLIN

2030 E ZORA ST
 JOPLIN MO 64801-1170
Mailing Address 2030 E ZORA ST
 JOPLIN MO 64801-1170

Telephone (417) 626-8900 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 38
County JASPER **DMH Licensed** No
Region 1 **Facility Number** 20779

AUTUMN RIDGE RESIDENCES

300 AUTUMN RIDGE DR
 HERCULANEUM MO 63048-1506
Mailing Address 300 AUTUMN RIDGE DR
 HERCULANEUM MO 63048-1506

Telephone (636) 931-8400 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 81
County JEFFERSON **DMH Licensed** Yes
Region 2 **Facility Number** 15845

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

AUTUMN TERRACE HEALTH & REHABILITATION

6124 RAYTOWN RD
 RAYTOWN MO 64133-4007
Mailing Address 6124 RAYTOWN RD
 RAYTOWN MO 64133-4007

Telephone (816) 358-8222 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 154
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 00768

AUTUMN VIEW GARDENS

16219 AUTUMN VIEW TERRACE DR
 ELLISVILLE MO 63011-4743
Mailing Address 16219 AUTUMN VIEW TERRACE DR
 ELLISVILLE MO 63011-4743

Telephone (636) 458-5225 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 150
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 20751

AUTUMN VIEW GARDENS AT SCHUETZ ROAD

11210 SCHUETZ RD
 SAINT LOUIS MO 63146-4933
Mailing Address 11210 SCHUETZ RD
 SAINT LOUIS MO 63146-4933

Telephone (314) 993-9888 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 110
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 22909

AUTUMN WOODS, INC

5500 NW HOUSTON LAKE DR
 KANSAS CITY MO 64151-3472
Mailing Address PO BOX 12008
 KANSAS CITY MO 64152-0008

Telephone (816) 587-2263 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 28
County PLATTE **DMH Licensed** Yes
Region 4 **Facility Number** 10857

AVA PLACE

1000 NW 3RD ST
 AVA MO 65608-1269
Mailing Address PO BOX 1269
 AVA MO 65608-1269

Telephone (417) 683-6999 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 40
County DOUGLAS **DMH Licensed** Yes
Region 1 **Facility Number** 20718

AVALON GARDEN

4359 TAFT AVE
 SAINT LOUIS MO 63116-1533
Mailing Address 4359 TAFT AVE
 SAINT LOUIS MO 63116-1533

Telephone (314) 752-2022 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 77
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 00244

AVALON MEMORY CARE

5342 BUTLER HILL ROAD
 SAINT LOUIS MO 63128-4152
Mailing Address 5342 BUTLER HILL ROAD
 SAINT LOUIS MO 63128-4152

Telephone (314) 849-2985 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 30
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 30425

BAILEY STREET RESIDENTIAL CARE I

102 BAILEY ST
 FARMINGTON MO 63640-1819
Mailing Address 102 BAILEY ST
 FARMINGTON MO 63640-1819

Telephone (573) 756-6374 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 12
County SAINT FRANCOIS **DMH Licensed** Yes
Region 2 **Facility Number** 00256

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

BAISCH NURSING CENTER

3260 BAISCH DR
 DE SOTO MO 63020-5046
Mailing Address 3260 BAISCH DR
 DE SOTO MO 63020-5046

Telephone (636) 586-2291
Level of Care: RCF*
County JEFFERSON
Region 2

Alzheimer's Unit No
Bed Capacity 18
DMH Licensed No
Facility Number 00910

BAISCH NURSING CENTER

3260 BAISCH DR
 DE SOTO MO 63020-5046
Mailing Address 3260 BAISCH DR
 DE SOTO MO 63020-5046

Telephone (636) 586-2291
Level of Care: SNF
County JEFFERSON
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 61
DMH Licensed No
Facility Number 00910

BALLWIN RIDGE HEALTH & REHABILITATION

1441 CHARIC DR
 WILDWOOD MO 63021-2001
Mailing Address 1441 CHARIC DR
 WILDWOOD MO 63021-2001

Telephone (636) 394-2522
Level of Care: SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 66
DMH Licensed No
Facility Number 17887

BAPTIST HOME, THE

1625 WEST GARTON RD
 OZARK MO 65721-6637
Mailing Address PO BOX 1040
 OZARK MO 65721-1040

Telephone (417) 581-2101
Level of Care: ICF
County CHRISTIAN
Region 1

Alzheimer's Unit No
Bed Capacity 33
DMH Licensed No
Facility Number 21509

BAPTIST HOME, THE

1625 WEST GARTON RD
 OZARK MO 65721-6637
Mailing Address PO BOX 1040
 OZARK MO 65721-1040

Telephone (417) 581-2101
Level of Care: ALF**
County CHRISTIAN
Region 1

Alzheimer's Unit No
Bed Capacity 30
DMH Licensed No
Facility Number 21509

BAPTIST HOME, THE

500 BAPTIST HOME LN
 CHILLICOTHE MO 64601-3973
Mailing Address 500 BAPTIST HOME LN
 CHILLICOTHE MO 64601-3973

Telephone (660) 646-6219
Level of Care: ALF**
County LIVINGSTON
Region 4

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed No
Facility Number 14084

BAPTIST HOME, THE

500 BAPTIST HOME LN
 CHILLICOTHE MO 64601-3973
Mailing Address 500 BAPTIST HOME LN
 CHILLICOTHE MO 64601-3973

Telephone (660) 646-6219
Level of Care: ICF
County LIVINGSTON
Region 4

Alzheimer's Unit No
Bed Capacity 34
DMH Licensed No
Facility Number 14084

BAPTIST HOME, THE

101 RIGGS-SCOTT LN
 IRONTON MO 63650-4338
Mailing Address PO BOX 87
 IRONTON MO 63650-0087

Telephone (573) 546-7429
Level of Care: SNF
County IRON
Region 2

Alzheimer's Unit No
Bed Capacity 3
DMH Licensed No
Facility Number 00274

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

BAPTIST HOME, THE

101 RIGGS-SCOTT LN
 IRONTON MO 63650-4338
Mailing Address PO BOX 87
 IRONTON MO 63650-0087

Telephone (573) 546-7429
Level of Care: ICF
County IRON
Region 2

Alzheimer's Unit No
Bed Capacity 53
DMH Licensed No
Facility Number 00274

BAPTIST HOME, THE

101 RIGGS-SCOTT LN
 IRONTON MO 63650-4338
Mailing Address PO BOX 87
 IRONTON MO 63650-0087

Telephone (573) 546-7429
Level of Care: ALF
County IRON
Region 2

Alzheimer's Unit No
Bed Capacity 56
DMH Licensed No
Facility Number 00274

BAPTIST HOMES OF INDEPENDENCE

17451 MEDICAL CENTER PARKWAY
 INDEPENDENCE MO 64057-1805
Mailing Address 17451 MEDICAL CENTER PARKWAY
 INDEPENDENCE MO 64057-1805

Telephone (816) 373-7795
Level of Care: RCF
County JACKSON
Region 3

Alzheimer's Unit NO
Bed Capacity 20
DMH Licensed No
Facility Number 03782

BAPTIST HOMES OF INDEPENDENCE

17451 MEDICAL CENTER PARKWAY
 INDEPENDENCE MO 64057-1805
Mailing Address 17451 MEDICAL CENTER PRKWY
 INDEPENDENCE MO 64057-1805

Telephone (816) 373-7795
Level of Care: SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 118
DMH Licensed No
Facility Number 03782

BARATHAVEN ALZHEIMER'S SPECIAL CARE CENTER

1030 BARATHAVEN DR
 DARDENNE PRAIRIE MO 63368-8606
Mailing Address 1030 BARATHAVEN DR
 DARDENNE PRAIRIE MO 63368-8606

Telephone (636) 329-9160
Level of Care: ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit Yes
Bed Capacity 66
DMH Licensed No
Facility Number 26902

BARNABAS ACRES

210 FRANKS LN
 CAPE GIRARDEAU MO 63701-8439
Mailing Address 210 FRANKS LN
 CAPE GIRARDEAU MO 63701-8439

Telephone (573) 803-8887
Level of Care: ALF
County CAPE GIRARDEAU
Region 2

Alzheimer's Unit No
Bed Capacity 56
DMH Licensed Yes
Facility Number 05130

BARNABAS HOME, THE

1301 MONROE ST
 CHILLICOTHE MO 64601-1345
Mailing Address 1301 MONROE ST
 CHILLICOTHE MO 64601-1345

Telephone (660) 646-5180
Level of Care: RCF*
County LIVINGSTON
Region 4

Alzheimer's Unit No
Bed Capacity 64
DMH Licensed Yes
Facility Number 04632

BARNABAS REDWOOD MANOR

1194 LONDON RD
 BOURBON MO 65441-8218
Mailing Address 1194 LONDON RD
 BOURBON MO 65441-8218

Telephone (573) 468-8150
Level of Care: RCF
County CRAWFORD
Region 6

Alzheimer's Unit No
Bed Capacity 47
DMH Licensed Yes
Facility Number 08609

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

BARNES-JEWISH EXTENDED CARE

401 CORPORATE PARK DR
 SAINT LOUIS MO 63105-4201
Mailing Address 401 CORPORATE PARK DR
 SAINT LOUIS MO 63105-4201

Telephone (314) 725-7447 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 15878

BAYLESS BOARDING HOME

3719 SAND CREEK ROAD
 FARMINGTON MO 63640-7349
Mailing Address 3719 SAND CREEK RD
 FARMINGTON MO 63640-7349

Telephone (573) 747-0889 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 12
County SAINT FRANCOIS **DMH Licensed** Yes
Region 2 Facility Number 17300

BEACON HILL RESIDENTIAL CARE

2905 CAMPBELL
 KANSAS CITY MO 64109-1417
Mailing Address 2905 CAMPBELL
 KANSAS CITY MO 64109-1417

Telephone (816) 531-6168 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 37
County JACKSON **DMH Licensed** Yes
Region 3 Facility Number 00329

BEAUTIFUL SAVIOR HOME

1003 SOUTH CEDAR ST
 BELTON MO 64012-3703
Mailing Address 1003 S CEDAR ST
 BELTON MO 64012-3703

Telephone (816) 331-0781 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 55
County CASS **DMH Licensed** No
Region 3 Facility Number 00342

BEAUTIFUL SAVIOR HOME

1003 SOUTH CEDAR ST
 BELTON MO 64012-3703
Mailing Address 1003 S CEDAR ST
 BELTON MO 64012-3703

Telephone (816) 331-0781 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 126
County CASS **DMH Licensed** No
Region 3 Medicare/Medicaid Facility Number 00342

BEAUVAIS REHAB AND HEALTHCARE CENTER

3625 MAGNOLIA AVE
 SAINT LOUIS MO 63110-4048
Mailing Address 3625 MAGNOLIA AVE
 SAINT LOUIS MO 63110-4048

Telephone (314) 771-2990 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 184
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 09528

BELLEFONTAINE GARDENS NURSING & REHAB

9500 BELLEFONTAINE RD
 SAINT LOUIS MO 63137-1336
Mailing Address 9500 BELLEFONTAINE RD
 SAINT LOUIS MO 63137-1336

TEMPORARY CLOSURE - STAFFING
Telephone (314) 388-0796 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 96
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 02598

BELLEVUE VALLEY NURSING HOME

23144 HIGHWAY 32
 BELLEVUE MO 63623-6346
Mailing Address 23144 HIGHWAY 32
 BELLEVUE MO 63623-6346

Telephone (573) 697-5311 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 122
County IRON **DMH Licensed** No
Region 2 Medicare/Medicaid Facility Number 00382

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

BENEDICT JOSEPH LABRE CENTER

3863 CLEVELAND
 SAINT LOUIS MO 63110-4009
Mailing Address 3863 CLEVELAND
 SAINT LOUIS MO 63110-4009

Telephone (314) 664-3927 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 15
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 **Facility Number** 21163

BENTLEYS EXTENDED CARE

3060 ASHBY ROAD
 OVERLAND MO 63114-1342
Mailing Address 3060 ASHBY RD
 OVERLAND MO 63114-1342

Telephone (314) 426-0433 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 72
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 22613

BENTON HOUSE OF BLUE SPRINGS

1701 NW JEFFERSON ST
 BLUE SPRINGS MO 64015-7229
Mailing Address 1701 NW JEFFERSON ST
 BLUE SPRINGS MO 64015-7229

Telephone (816) 224-2727 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 95
County JACKSON **DMH Licensed** No
Region 3 **Facility Number** 29729

BENTON HOUSE OF RAYMORE

2100 JOHNSTON DR
 RAYMORE MO 64083-8122
Mailing Address 2100 JOHNSTON DR
 RAYMORE MO 64083-8122

Telephone (816) 322-2111 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 95
County CASS **DMH Licensed** No
Region 3 **Facility Number** 29896

BENTON HOUSE OF STALEY HILLS

11071 N WOODLAND AVE
 KANSAS CITY MO 64155-1552
Mailing Address 11071 N WOODLAND AVE
 KANSAS CITY MO 64155-1552

Telephone (816) 372-1888 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 80
County CLAY **DMH Licensed** No
Region 4 **Facility Number** 30774

BENTON HOUSE OF TIFFANY SPRINGS

5901 NW 88TH ST
 KANSAS CITY MO 64154-1607
Mailing Address 5901 NW 88TH ST
 KANSAS CITY MO 64154-1607

Telephone (816) 505-4555 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 80
County PLATTE **DMH Licensed** No
Region 4 **Facility Number** 29519

BENTWOOD NURSING & REHAB

1501 CHARBONIER RD
 FLORISSANT MO 63031-5308
Mailing Address 1501 CHARBONIER RD
 FLORISSANT MO 63031-5308

Telephone (314) 921-2700 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 116
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 14817

BERNARD CARE CENTER

4335 WEST PINE BLVD
 SAINT LOUIS MO 63108-2205
Mailing Address 4335 WEST PINE BLVD
 SAINT LOUIS MO 63108-2205

Telephone (314) 371-0200 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 141
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 00436

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

BERTRAND NURSING AND REHAB CENTER

603 WEST HIGHWAY 62
 BERTRAND MO 63823-9738
Mailing Address 603 WEST HIGHWAY 62
 BERTRAND MO 63823-9738

Telephone (573) 683-4290 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County MISSISSIPPI **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 00440

BETH HAVEN NURSING HOME

2500 PLEASANT ST
 HANNIBAL MO 63401-2600
Mailing Address 2500 PLEASANT ST
 HANNIBAL MO 63401-2600

Telephone (573) 221-6000 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 105
County MARION **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 00469

BETHESDA DILWORTH

9645 BIG BEND BLVD
 SAINT LOUIS MO 63122-6521
Mailing Address 9645 BIG BEND BLVD
 SAINT LOUIS MO 63122-6521

Telephone (314) 968-5460 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 400
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 00508

BETHESDA HAWTHORNE PLACE

1111 SOUTH BERRY ROAD
 SAINT LOUIS MO 63122-6598
Mailing Address 1111 SOUTH BERRY ROAD
 SAINT LOUIS MO 63122-6598

Telephone (314) 942-5750 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 66
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 30509

BETHESDA MEADOW

322 OLD STATE ROAD
 ELLISVILLE MO 63021-5917
Mailing Address 322 OLD STATE ROAD
 ELLISVILLE MO 63021-5917

Telephone (636) 227-3431 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 210
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 15226

BETHESDA SOUTHGATE

5943 TELEGRAPH RD
 SAINT LOUIS MO 63129-4715
Mailing Address 5943 TELEGRAPH RD
 SAINT LOUIS MO 63129-4715

Telephone (314) 846-2000 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 192
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 05586

BIG BEND RETREAT

620 NORTH EMMERSON
 SLATER MO 65349-1157
Mailing Address 620 NORTH EMMERSON
 SLATER MO 65349-1157

Telephone (660) 529-2237 **Alzheimer's Unit** No
Level of Care: ICF **Bed Capacity** 60
County SALINE **DMH Licensed** No
Region 5 **Facility Number** 00546

BIG BEND RETREAT

620 NORTH EMMERSON
 SLATER MO 65349-1157
Mailing Address 620 NORTH EMMERSON
 SLATER MO 65349-1157

Telephone (660) 529-2237 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 10
County SALINE **DMH Licensed** No
Region 5 **Facility Number** 00546

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

BIG BEND WOODS HEALTHCARE CENTER

110 HIGHLAND AVE
 VALLEY PARK MO 63088-1422
Mailing Address 110 HIGHLAND AVE
 VALLEY PARK MO 63088-1422

Telephone (636) 529-8300 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 135
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 01170

BIG PRAIRIE ASSISTED LIVING, LLC

411 NORTH KINGSHIGHWAY
 SIKESTON MO 63801-
Mailing Address PO BOX 909
 SIKESTON MO 63801-0909

Telephone (573) 471-5503 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 36
County SCOTT **DMH Licensed** Yes
Region 2 Facility Number 03229

BIG RIVER NURSING & REHAB

6400 THE CEDARS COURT
 CEDAR HILL MO 63016-2220
Mailing Address 6400 THE CEDARS CT
 CEDAR HILL MO 63016-2220

Telephone (636) 274-1777 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 150
County JEFFERSON **DMH Licensed** No
Region 2 Medicare/Medicaid Facility Number 12647

BIG SPRING CARE CENTER FOR REHAB AND HEALTHCARE

202 EAST MILL ST
 HUMANSVILLE MO 65674-8507
Mailing Address 202 EAST MILL ST
 HUMANSVILLE MO 65674-8507

Telephone (417) 754-8711 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County POLK **DMH Licensed** No
Region 1 Medicare/Medicaid Facility Number 18672

BIRCH POINTE HEALTH AND REHABILITATION

3705 S JEFFERSON AVE
 SPRINGFIELD MO 65807-5880
Mailing Address 3705 S JEFFERSON AVE
 SPRINGFIELD MO 65807-5880

Telephone (417) 889-0773 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 120
County GREENE **DMH Licensed** No
Region 1 Medicare/Medicaid Facility Number 31013

BISHOP SPENCER PLACE, INC, THE

4301 MADISON AVE
 KANSAS CITY MO 64111-3491
Mailing Address 4301 MADISON AVE
 KANSAS CITY MO 64111-3491

Telephone (816) 931-4277 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 57
County JACKSON **DMH Licensed** No
Region 3 Medicare/Medicaid Facility Number 20635

BISHOP SPENCER PLACE, INC, THE

4301 MADISON AVE
 KANSAS CITY MO 64111-3491
Mailing Address 4301 MADISON AVE
 KANSAS CITY MO 64111-3491

Telephone (816) 931-4277 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 40
County JACKSON **DMH Licensed** No
Region 3 Facility Number 20635

BLESSED HOMES

305 E 63RD ST
 KANSAS CITY MO 64113-2225
Mailing Address 305 E 63RD ST
 KANSAS CITY MO 64113-2225

Telephone (816) 678-8061 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 11
County JACKSON **DMH Licensed** No
Region 3 Facility Number 27175

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

BLESSING CENTER, THE

302 NORTH MAIN
 EDINA MO 63537-1353
Mailing Address 302 NORTH MAIN
 EDINA MO 63537-1353

Telephone (660) 397-2293
Level of Care: RCF*
County KNOX
Region 5

Alzheimer's Unit No
Bed Capacity 51
DMH Licensed Yes
Facility Number 03728

BLOOMFIELD LIVING CENTER

606 WEST MISSOURI ST
 BLOOMFIELD MO 63825-9706
Mailing Address 606 WEST MISSOURI ST
 BLOOMFIELD MO 63825-9706

Telephone (573) 568-2137
Level of Care: SNF
County STODDARD
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 00629

BLUE CASTLE LLC

1830 E LAVERNE ST
 BOLIVAR MO 65613-1488
Mailing Address 1830 E LAVERNE ST
 BOLIVAR MO 65613-1488

Telephone (417) 777-2583
Level of Care: RCF*
County POLK
Region 1

Alzheimer's Unit No
Bed Capacity 30
DMH Licensed Yes
Facility Number 24698

BLUE CIRCLE REHAB AND NURSING

2939 MAGAZINE STREET
 SAINT LOUIS MO 63106-1245
Mailing Address 2939 MAGAZINE STREET
 SAINT LOUIS MO 63106-1245

Telephone (314) 531-0500
Level of Care: SNF
County SAINT LOUIS CITY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 90
DMH Licensed No
Facility Number 15258

BLUE HILLS REST HOME, INC

2207 NORTH BLUE MILLS RD
 INDEPENDENCE MO 64058-2022
Mailing Address 2207 N BLUE MILLS RD
 INDEPENDENCE MO 64058-2022

Telephone (816) 796-3376
Level of Care: ALF**
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 63
DMH Licensed No
Facility Number 11146

BLUEGRASS TERRACE

102 REDTAIL DR
 ASHLAND MO 65010-1179
Mailing Address 102 REDTAIL DR
 ASHLAND MO 65010-1179

Telephone (573) 657-0899
Level of Care: RCF
County BOONE
Region 6

Alzheimer's Unit No
Bed Capacity 16
DMH Licensed No
Facility Number 25731

BLUFF CREEK TERRACE - ASSISTED LIVING BY AMERICARE

3104 BLUFF CREEK DR
 COLUMBIA MO 65201-3524
Mailing Address 3104 BLUFF CREEK DR
 COLUMBIA MO 65201-3524

Telephone (573) 815-9111
Level of Care: ALF**
County BOONE
Region 6

Alzheimer's Unit Yes
Bed Capacity 48
DMH Licensed No
Facility Number 20625

BLUFFS, THE

3105 BLUFF CREEK DR
 COLUMBIA MO 65201-3529
Mailing Address 3105 BLUFF CREEK DR
 COLUMBIA MO 65201-3529

Telephone (573) 442-6060
Level of Care: SNF
County BOONE
Region 6 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 132
DMH Licensed No
Facility Number 00754

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

BOARDING INN, THE

9444 MIDLAND BLVD
OVERLAND MO 63114-3328
Mailing Address 9444 MIDLAND BLVD
OVERLAND MO 63114-3328

Telephone (314) 426-0091
Level of Care: RCF
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed Yes
Facility Number 00709

BOLIVAR MANOR HOUSE

404 EAST BROADWAY
BOLIVAR MO 65613-2019
Mailing Address PO BOX 175
BOLIVAR MO 65613-0175

Telephone (417) 326-7873
Level of Care: RCF**
County POLK
Region 1

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 04529

BOULEVARD SENIOR LIVING OF ST CHARLES

3340 EHLMANN ROAD
SAINT CHARLES MO 63301-4087
Mailing Address 3340 EHLMANN ROAD
SAINT CHARLES MO 63301-4087

Telephone (636) 757-5077
Level of Care: ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit Yes
Bed Capacity 128
DMH Licensed No
Facility Number 31029

BOULEVARD SENIOR LIVING OF WENTZVILLE

120 PERRY CATE BOULEVARD
WENTZVILLE MO 63385-4719
Mailing Address 120 PERRY CATE BOULEVARD
WENTZVILLE MO 63385-4719

Telephone (636) 698-9458
Level of Care: ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit Yes
Bed Capacity 62
DMH Licensed No
Facility Number 31404

BOWLING GREEN RESIDENTIAL CARE

119 WEST CENTENNIAL AVE
BOWLING GREEN MO 63334-1605
Mailing Address 119 WEST CENTENNIAL AVE
BOWLING GREEN MO 63334-1605

Telephone (573) 324-5560
Level of Care: RCF*
County PIKE
Region 5

Alzheimer's Unit No
Bed Capacity 25
DMH Licensed Yes
Facility Number 07712

BRADFORD COURT - ASSISTED LIVING BY AMERICARE

902 NORTH MAIN
NIXA MO 65714-9384
Mailing Address 902 NORTH MAIN
NIXA MO 65714-9384

Telephone (417) 725-0177
Level of Care: ALF**
County CHRISTIAN
Region 1

Alzheimer's Unit No
Bed Capacity 50
DMH Licensed No
Facility Number 17732

BRENT B TINNIN MANOR

220 EUEL POLK DR
ELLINGTON MO 63638-7967
Mailing Address 220 EUEL POLK DR
ELLINGTON MO 63638-7967

Telephone (573) 663-2545
Level of Care: SNF
County REYNOLDS
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 08027

BRENTMOOR RETIREMENT COMMUNITY

8600 DELMAR BLVD
SAINT LOUIS MO 63124-1973
Mailing Address 8600 DELMAR BLVD
SAINT LOUIS MO 63124-1973

Telephone (314) 995-3811
Level of Care: ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 36
DMH Licensed No
Facility Number 19968

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

BRIDGEWAY RESIDENTIAL CARE FACILITY

828 JEFFERSON ST
 FULTON MO 65251-1877
Mailing Address 828 JEFFERSON ST
 FULTON MO 65251-1877

Telephone (573) 642-7770
Level of Care: RCF*
County CALLAWAY
Region 6

Alzheimer's Unit No
Bed Capacity 94
DMH Licensed Yes
Facility Number 13522

BRIDGEWOOD HEALTH CARE CENTER

11515 TROOST
 KANSAS CITY MO 64131-3769
Mailing Address 11515 TROOST
 KANSAS CITY MO 64131-3769

Telephone (816) 943-0101
Level of Care: SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 166
DMH Licensed No
Facility Number 06555

BRISTOL MANOR OF AURORA

740 SOUTH HUDSON
 AURORA MO 65605-2512
Mailing Address 740 SOUTH HUDSON
 AURORA MO 65605-2512

Telephone (417) 678-7535
Level of Care: RCF
County LAWRENCE
Region 1

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 20352

BRISTOL MANOR OF BETHANY

811 SOUTH 24TH ST
 BETHANY MO 64424-2631
Mailing Address 811 SOUTH 24TH ST
 BETHANY MO 64424-2631

Telephone (660) 425-7133
Level of Care: RCF
County HARRISON
Region 4

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 19068

BRISTOL MANOR OF BOONVILLE

1290 ASHLEY RD
 BOONVILLE MO 65233-2108
Mailing Address 1290 ASHLEY RD
 BOONVILLE MO 65233-2108

Telephone (660) 882-3393
Level of Care: RCF
County COOPER
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 17310

BRISTOL MANOR OF BROOKFIELD

338 THOMPSON
 BROOKFIELD MO 64628-2419
Mailing Address 338 THOMPSON
 BROOKFIELD MO 64628-2419

Telephone (660) 258-5065
Level of Care: RCF
County LINN
Region 5

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 18666

BRISTOL MANOR OF BUFFALO

1002 SOUTH BIRCH
 BUFFALO MO 65622-9455
Mailing Address 1002 SOUTH BIRCH
 BUFFALO MO 65622-9455

Telephone (417) 345-5500
Level of Care: RCF
County DALLAS
Region 1

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 18142

BRISTOL MANOR OF BUTLER

411 SOUTH DELAWARE
 BUTLER MO 64730-2311
Mailing Address 411 S DELAWARE
 BUTLER MO 64730-2311

Telephone (660) 679-3661
Level of Care: RCF
County BATES
Region 3

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 18817

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

BRISTOL MANOR OF CALIFORNIA

605 PARKVIEW DR
 CALIFORNIA MO 65018-2001
Mailing Address 605 PARKVIEW DR
 CALIFORNIA MO 65018-2001

Telephone (573) 796-4342
Level of Care: RCF
County MONITEAU
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 17401

BRISTOL MANOR OF CAMDENTON

75 FOURTH ST
 CAMDENTON MO 65020-6891
Mailing Address 75 FOURTH ST
 CAMDENTON MO 65020-6891

Telephone (573) 346-6800
Level of Care: RCF
County CAMDEN
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 17914

BRISTOL MANOR OF CAMERON

920 NORTH HARRIS
 CAMERON MO 64429-1145
Mailing Address 920 NORTH HARRIS
 CAMERON MO 64429-1145

Telephone (816) 632-6133
Level of Care: RCF
County DEKALB
Region 4

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 18295

BRISTOL MANOR OF CARROLLTON

1016 EAST 10TH ST
 CARROLLTON MO 64633-9348
Mailing Address 1016 EAST 10TH ST
 CARROLLTON MO 64633-9348

Telephone (660) 542-2349
Level of Care: RCF
County CARROLL
Region 4

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 18316

BRISTOL MANOR OF CARTHAGE

2131 SOUTH RIVER AVE
 CARTHAGE MO 64836-3350
Mailing Address 2131 S RIVER AVE
 CARTHAGE MO 64836-3350

Telephone (417) 358-9788
Level of Care: RCF
County JASPER
Region 1

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 20858

BRISTOL MANOR OF CENTRALIA

610 NORTH JEFFERSON ST
 CENTRALIA MO 65240-1178
Mailing Address 610 NORTH JEFFERSON ST
 CENTRALIA MO 65240-1178

Telephone (573) 682-5913
Level of Care: RCF
County BOONE
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 18286

BRISTOL MANOR OF CLINTON

1402 EAST FRANKLIN
 CLINTON MO 64735-1768
Mailing Address 1402 EAST FRANKLIN
 CLINTON MO 64735-1768

Telephone (660) 885-8391
Level of Care: RCF
County HENRY
Region 1

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 16656

BRISTOL MANOR OF ELDON

1201 EAST NORTH ST
 ELDON MO 65026-2651
Mailing Address 1201 EAST NORTH ST
 ELDON MO 65026-2651

Telephone (573) 392-1200
Level of Care: RCF
County MILLER
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 17701

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

BRISTOL MANOR OF ELSBERRY

1402 RIVERVIEW DR
 ELSBERRY MO 63343-1612
Mailing Address 1402 RIVERVIEW DR
 ELSBERRY MO 63343-1612

Telephone (573) 898-5955
Level of Care: RCF
County LINCOLN
Region 5

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 20015

BRISTOL MANOR OF FULTON

750 SIGN PAINTER ROAD
 FULTON MO 65251-2514
Mailing Address 750 SIGN PAINTER RD
 FULTON MO 65251-2514

Telephone (573) 642-7557
Level of Care: RCF
County CALLAWAY
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 18575

BRISTOL MANOR OF HOLDEN

501 WEST SECOND
 HOLDEN MO 64040-1205
Mailing Address 501 WEST SECOND
 HOLDEN MO 64040-1205

Telephone (816) 732-6789
Level of Care: RCF
County JOHNSON
Region 3

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 17951

BRISTOL MANOR OF JEFFERSON CITY

510 KENSINGTON PARK
 JEFFERSON CITY MO 65109-6247
Mailing Address 510 KENSINGTON PARK
 JEFFERSON CITY MO 65109-6247

Telephone (573) 761-5772
Level of Care: RCF
County COLE
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 20116

BRISTOL MANOR OF LAMAR

603 EAST 17TH ST
 LAMAR MO 64759-2303
Mailing Address 603 EAST 17TH ST
 LAMAR MO 64759-2303

Telephone (417) 682-6762
Level of Care: RCF
County BARTON
Region 1

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 18951

BRISTOL MANOR OF LEXINGTON

2615 MAIN ST
 LEXINGTON MO 64067-1974
Mailing Address 2615 MAIN ST
 LEXINGTON MO 64067-1974

Telephone (660) 259-6655
Level of Care: RCF
County LAFAYETTE
Region 3

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 17543

BRISTOL MANOR OF LINCOLN

204 SOUTH HIGHWAY 65
 LINCOLN MO 65338-2587
Mailing Address 204 SOUTH HIGHWAY 65
 LINCOLN MO 65338-2587

Telephone (660) 547-2580
Level of Care: RCF
County BENTON
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 18092

BRISTOL MANOR OF MACON

707 RANGLAND DR
 MACON MO 63552-1994
Mailing Address 707 RANGLAND DR
 MACON MO 63552-1994

Telephone (660) 385-3020
Level of Care: RCF
County MACON
Region 5

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 17865

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

BRISTOL MANOR OF MARCELINE

102 EAST HAYDEN
MARCELINE MO 64658-2003
Mailing Address 102 EAST HAYDEN
MARCELINE MO 64658-2003

Telephone (660) 376-2210
Level of Care: RCF
County LINN
Region 5

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 17764

BRISTOL MANOR OF MARYVILLE

323 EAST SUMMIT DR
MARYVILLE MO 64468-3619
Mailing Address 323 EAST SUMMIT DR
MARYVILLE MO 64468-3619

Telephone (660) 582-4131
Level of Care: RCF
County NODAWAY
Region 4

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 19843

BRISTOL MANOR OF MONROE CITY

1017 EAST LAWN ST
MONROE CITY MO 63456-1433
Mailing Address 1017 EAST LAWN ST
MONROE CITY MO 63456-1433

Telephone (573) 735-3068
Level of Care: RCF
County MONROE
Region 5

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 20045

BRISTOL MANOR OF NEVADA

401 EAST WALNUT
NEVADA MO 64772-2457
Mailing Address 401 EAST WALNUT
NEVADA MO 64772-2457

Telephone (417) 667-5700
Level of Care: RCF
County VERNON
Region 1

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 18471

BRISTOL MANOR OF OAK GROVE

300 NORTH AUSTIN
OAK GROVE MO 64075-8109
Mailing Address 300 N AUSTIN
OAK GROVE MO 64075-8109

Telephone (816) 625-8691
Level of Care: RCF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 16552

BRISTOL MANOR OF ODESSA

115 SOUTH 5TH ST
ODESSA MO 64076-1330
Mailing Address 115 S 5TH ST
ODESSA MO 64076-1330

Telephone (816) 633-8692
Level of Care: RCF
County LAFAYETTE
Region 3

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 16547

BRISTOL MANOR OF PACIFIC

2049 ROSE LN
PACIFIC MO 63069-1165
Mailing Address 2049 ROSE LN
PACIFIC MO 63069-1165

Telephone (636) 257-8020
Level of Care: RCF
County FRANKLIN
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 20237

BRISTOL MANOR OF PALMYRA

1815 SOUTH MAIN
PALMYRA MO 63461-1961
Mailing Address 1815 SOUTH MAIN
PALMYRA MO 63461-1961

Telephone (573) 769-2127
Level of Care: RCF
County MARION
Region 5

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 20260

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

BRISTOL MANOR OF PLEASANT HILL

2124 HIGHRIDGE
 PLEASANT HILL MO 64080-1912
Mailing Address 2124 HIGHRIDGE
 PLEASANT HILL MO 64080-1912

Telephone (816) 987-2562
Level of Care: RCF
County CASS
Region 3

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 16538

BRISTOL MANOR OF PRINCETON

200 NORTH FULLERTON
 PRINCETON MO 64673-1176
Mailing Address 200 N FULLERTON
 PRINCETON MO 64673-1176

Telephone (660) 748-4354
Level of Care: RCF
County MERCER
Region 4

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 18846

BRISTOL MANOR OF RAYMORE

604 EAST SUNRISE DR
 RAYMORE MO 64083-9037
Mailing Address 604 EAST SUNRISE DR
 RAYMORE MO 64083-9037

Telephone (816) 322-6782
Level of Care: RCF
County CASS
Region 3

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 19730

BRISTOL MANOR OF REPUBLIC

634 EAST HIGHWAY 174
 REPUBLIC MO 65738-1124
Mailing Address 634 EAST HWY 174
 REPUBLIC MO 65738-1124

Telephone (417) 732-8998
Level of Care: RCF
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 20841

BRISTOL MANOR OF SALISBURY

102 NORTH WILLIE ST
 SALISBURY MO 65281-1458
Mailing Address 102 NORTH WILLIE ST
 SALISBURY MO 65281-1458

Telephone (660) 388-5728
Level of Care: RCF
County CHARITON
Region 5

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 18325

BRISTOL MANOR OF SEDALIA

1208 EAST 24TH ST
 SEDALIA MO 65301-8231
Mailing Address 1208 EAST 24TH ST
 SEDALIA MO 65301-8231

Telephone (660) 827-2028
Level of Care: RCF
County PETTIS
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 15808

BRISTOL MANOR OF SMITHVILLE

1502 SOUTH COMMERCIAL
 SMITHVILLE MO 64089-8474
Mailing Address 1502 S COMMERCIAL
 SMITHVILLE MO 64089-8474

Telephone (816) 532-4490
Level of Care: RCF
County CLAY
Region 4

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 17515

BRISTOL MANOR OF STOVER

607 WEST 4TH ST
 STOVER MO 65078-0807
Mailing Address 607 WEST 4TH ST
 STOVER MO 65078-0807

Telephone (573) 377-4519
Level of Care: RCF
County MORGAN
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 18863

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

BRISTOL MANOR OF TRENTON

1701 EAST 28TH ST
TRENTON MO 64683-1177
Mailing Address 1701 EAST 28TH ST
TRENTON MO 64683-1177

Telephone (660) 359-5599
Level of Care: RCF
County GRUNDY
Region 4

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 18597

BRISTOL MANOR OF UNIONVILLE

715 NORTH 22ND ST, HWY 5 NORTH
UNIONVILLE MO 63565-1142
Mailing Address 715 NORTH 22ND ST, HWY 5 NORTH
UNIONVILLE MO 63565-1142

Telephone (660) 947-2151
Level of Care: RCF
County PUTNAM
Region 5

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 19153

BRISTOL MANOR OF WARRENSBURG

603 CREACH
WARRENSBURG MO 64093-1994
Mailing Address 603 CREACH
WARRENSBURG MO 64093-1994

Telephone (660) 747-8319
Level of Care: RCF
County JOHNSON
Region 3

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 16599

BRISTOL MANOR OF WARRENTON

815 WOOLF ROAD
WARRENTON MO 63383-6184
Mailing Address 815 WOOLF RD
WARRENTON MO 63383-6184

Telephone (636) 456-1437
Level of Care: RCF
County WARREN
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 19954

BRISTOL MANOR OF WARSAW

1600 ESTATE DR
WARSAW MO 65355-3061
Mailing Address 1600 ESTATE DR
WARSAW MO 65355-3061

Telephone (660) 438-7173
Level of Care: RCF
County BENTON
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 16343

BRISTOL MANOR OF WASHINGTON

100 WEST 12TH ST
WASHINGTON MO 63090-4445
Mailing Address 100 WEST 12TH ST
WASHINGTON MO 63090-4445

Telephone (636) 390-0050
Level of Care: RCF
County FRANKLIN
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 20138

BRISTOL MANOR OF WEBB CITY

1803 NORTH MAIN, HIGHWAY D
WEBB CITY MO 64870-1193
Mailing Address 1803 NORTH MAIN, HIGHWAY D
WEBB CITY MO 64870-1193

Telephone (417) 673-4231
Level of Care: RCF
County JASPER
Region 1

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 20537

BRISTOL MANOR OF WENTZVILLE

840 WEST NORTHVIEW
WENTZVILLE MO 63385-1036
Mailing Address 840 W NORTHVIEW
WENTZVILLE MO 63385-1036

Telephone (636) 639-6777
Level of Care: RCF
County SAINT CHARLES
Region 5

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 20397

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

BRISTOL MANOR OF WESTON

178 WALNUT
 WESTON MO 64098-1328
Mailing Address 178 WALNUT
 WESTON MO 64098-1328

Telephone (816) 386-5507
Level of Care: RCF
County PLATTE
Region 4

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 16741

BRISTOL MANOR OF WILLARD

511 WATSON
 WILLARD MO 65781-8314
Mailing Address 511 WATSON
 WILLARD MO 65781-8314

Telephone (417) 742-0090
Level of Care: RCF
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 20838

BROOK CHERITH ASSISTED LIVING

104 EAST ELM ST
 HUNTSVILLE MO 65259-1111
Mailing Address 104 EAST ELM ST
 HUNTSVILLE MO 65259-1111

Telephone (660) 277-4439
Level of Care: ALF
County RANDOLPH
Region 5

Alzheimer's Unit No
Bed Capacity 38
DMH Licensed Yes
Facility Number 10918

BROOKDALE CREVE COEUR

ONE NEW BALLAS PLACE
 CREVE COEUR MO 63146-8700
Mailing Address ONE NEW BALLAS PLACE
 CREVE COEUR MO 63146-8700

Telephone (314) 432-5200
Level of Care: ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 46
DMH Licensed No
Facility Number 26178

BROOKDALE WEST COUNTY

785 HENRY AVE
 BALLWIN MO 63011-2736
Mailing Address 785 HENRY AVE
 BALLWIN MO 63011-2736

Telephone (636) 527-5700
Level of Care: ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 98
DMH Licensed No
Facility Number 28149

BROOKDALE WORNALL PLACE

501 WEST 107TH ST
 KANSAS CITY MO 64114-5919
Mailing Address 501 WEST 107TH ST
 KANSAS CITY MO 64114-5919

Telephone (816) 941-7777
Level of Care: ALF**
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 68
DMH Licensed No
Facility Number 29304

BROOKE HAVEN HEALTHCARE

1410 NORTH KENTUCKY AVE
 WEST PLAINS MO 65775-1822
Mailing Address 1410 NORTH KENTUCKY AVE
 WEST PLAINS MO 65775-1822

Telephone (417) 256-7975
Level of Care: SNF
County HOWELL
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 06253

BROOKHAVEN NURSING & REHAB

3405 WEST MT VERNON
 SPRINGFIELD MO 65802-5241
Mailing Address 3405 WEST MT VERNON
 SPRINGFIELD MO 65802-5241

Telephone (417) 874-9600
Level of Care: SNF
County GREENE
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 90
DMH Licensed No
Facility Number 09512

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

BROOKING PARK

307 SOUTH WOODS MILL RD
 CHESTERFIELD MO 63017-3418
Mailing Address 307 SOUTH WOODS MILL RD
 CHESTERFIELD MO 63017-3418

Telephone (314) 576-5545 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 97
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare Facility Number 14661

BROOKING PARK

307 SOUTH WOODS MILL RD
 CHESTERFIELD MO 63017-3418
Mailing Address 307 SOUTH WOODS MILL RD
 CHESTERFIELD MO 63017-3418

Telephone (314) 576-5545 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 93
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Facility Number 14661

BROOKSIDE MANOR RESIDENTIAL CARE, LLC

2434 HIGHWAY H
 FARMINGTON MO 63640-7033
Mailing Address 2434 HIGHWAY H
 FARMINGTON MO 63640-7033

Telephone (573) 756-6434 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 20
County SAINT FRANCOIS **DMH Licensed** Yes
Region 2 Facility Number 20034

BRUNSWICK NURSING & REHAB

721 W HARRISON ST
 BRUNSWICK MO 65236-1096
Mailing Address 721 W HARRISON ST
 BRUNSWICK MO 65236-1096

Telephone (660) 548-3182 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County CHARITON **DMH Licensed** No
Region 5 Medicare/Medicaid Facility Number 03123

BUFFALO PRAIRIE CENTER FOR REHAB AND HEALTHCARE

631 WEST MAIN ST
 BUFFALO MO 65622-7496
Mailing Address 631 WEST MAIN ST
 BUFFALO MO 65622-7496

Telephone (417) 345-5422 **Alzheimer's Unit** NO
Level of Care: SNF **Bed Capacity** 60
County DALLAS **DMH Licensed** No
Region 1 Medicare/Medicaid Facility Number 16700

BUNGALOWS AT BRANSON MEADOWS

5351 GRETNA ROAD
 BRANSON MO 65616-7298
Mailing Address 5351 GRETNA RD
 BRANSON MO 65616-7298

Telephone (417) 334-3336 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 104
County TANEY **DMH Licensed** No
Region 1 Facility Number 23683

BUNGALOWS AT CHESTERFIELD VILLAGE

2410 WEST CHESTERFIELD BLVD
 SPRINGFIELD MO 65807-8631
Mailing Address 2410 W CHESTERFIELD BLVD
 SPRINGFIELD MO 65807-8631

Telephone (417) 886-4000 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 92
County GREENE **DMH Licensed** No
Region 1 Facility Number 22584

BUNGALOWS AT NEVADA

640 EAST HIGHLAND
 NEVADA MO 64772-1091
Mailing Address 640 EAST HIGHLAND
 NEVADA MO 64772-1091

Telephone (417) 667-3883 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 37
County VERNON **DMH Licensed** No
Region 1 Facility Number 23732

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

BUNGALOWS AT SPRINGFIELD EAST

3540 EAST CHEROKEE
 SPRINGFIELD MO 65809-2828
Mailing Address 3540 EAST CHEROKEE
 SPRINGFIELD MO 65809-2828

Telephone (417) 889-2222
Level of Care: RCF
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 67
DMH Licensed No
Facility Number 21025

BUNKER RESIDENTIAL HOME

500 CULLER AVE
 BUNKER MO 63629-
Mailing Address PO BOX 276
 BUNKER MO 63629-0276

Telephone (573) 689-1392
Level of Care: RCF
County REYNOLDS
Region 2

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 16882

BUTLER CENTER FOR REHABILITATION AND HEALTHCARE

416 SOUTH HIGH ST
 BUTLER MO 64730-1827
Mailing Address 416 S HIGH ST
 BUTLER MO 64730-1827

Telephone (660) 679-6158
Level of Care: SNF
County BATES
Region 3 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 98
DMH Licensed No
Facility Number 08627

BUTTERFIELD RESIDENTIAL CARE CENTER

1120 NORTH BUTTERFIELD RD
 BOLIVAR MO 65613-1000
Mailing Address 1120 N BUTTERFIELD RD
 BOLIVAR MO 65613-1000

Telephone (417) 326-5200
Level of Care: RCF*
County POLK
Region 1

Alzheimer's Unit No
Bed Capacity 66
DMH Licensed No
Facility Number 14436

BUTTERFIELD RESIDENTIAL CARE CENTER

1120 NORTH BUTTERFIELD RD
 BOLIVAR MO 65613-1000
Mailing Address 1120 N BUTTERFIELD RD
 BOLIVAR MO 65613-1000

Telephone (417) 326-5200
Level of Care: RCF
County POLK
Region 1

Alzheimer's Unit No
Bed Capacity 24
DMH Licensed No
Facility Number 14436

BUTTERFLY HAVEN

11500 CAMPBELL ST
 KANSAS CITY MO 64131-3829
Mailing Address PO BOX 481578
 KANSAS CITY MO 64148-1578

Telephone (816) 941-2836
Level of Care: RCF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 18207

CALIFORNIA CARE CENTER

1106 SOUTH OAK, ROUTE 3
 CALIFORNIA MO 65018-1462
Mailing Address 1106 SOUTH OAK, ROUTE 3
 CALIFORNIA MO 65018-1462

Telephone (573) 796-3127
Level of Care: SNF
County MONITEAU
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 10437

CAMDENTON WINDSOR ESTATES

2042 N BUSINESS ROUTE 5
 CAMDENTON MO 65020-2611
Mailing Address 2042 N BUSINESS ROUTE 5
 CAMDENTON MO 65020-2611

Telephone (573) 346-5654
Level of Care: SNF
County CAMDEN
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 82
DMH Licensed No
Facility Number 08688

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

CAMELOT NURSING AND REHABILITATION CENTER

705 GRAND CANYON DRIVE
 FARMINGTON MO 63640-2161
Mailing Address 705 GRAND CANYON DRIVE
 FARMINGTON MO 63640-2161

Telephone (573) 756-8911 **Alzheimer's Unit** NO
Level of Care: SNF **Bed Capacity** 97
County SAINT FRANCOIS **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 00978

CANDLELIGHT LODGE RETIREMENT CENTER

1406 BUSINESS LOOP 70 WEST
 COLUMBIA MO 65202-1324
Mailing Address 1406 BUSINESS LOOP 70 WEST
 COLUMBIA MO 65202-1324

Telephone (573) 449-5287 **Alzheimer's Unit** Yes
Level of Care: ALF **Bed Capacity** 37
County BOONE **DMH Licensed** No
Region 6 **Facility Number** 01013

CANDLELIGHT LODGE RETIREMENT CENTER

1406 BUSINESS LOOP 70 WEST
 COLUMBIA MO 65202-1324
Mailing Address 1406 BUSINESS LOOP 70 WEST
 COLUMBIA MO 65202-1324

Telephone (573) 449-5287 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 75
County BOONE **DMH Licensed** No
Region 6 **Facility Number** 01013

CAPE ALBEON

3300 LAKE BEND DR
 VALLEY PARK MO 63088-2524
Mailing Address 3300 LAKE BEND DR
 VALLEY PARK MO 63088-2524

Telephone (636) 861-3200 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 100
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 22838

CAPETOWN ASSISTED LIVING

2857 CAPE LACROIX RD
 CAPE GIRARDEAU MO 63701-8588
Mailing Address 2857 CAPE LACROIX RD
 CAPE GIRARDEAU MO 63701-8588

Telephone (573) 334-4855 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 48
County CAPE GIRARDEAU **DMH Licensed** No
Region 2 **Facility Number** 23989

CAREGIVERS INN

1297 FEISE RD
 DARDENNE PRAIRIE MO 63368-6710
Mailing Address 1297 FEISE RD
 DARDENNE PRAIRIE MO 63368-6710

Telephone (636) 240-7979 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 30
County SAINT CHARLES **DMH Licensed** No
Region 5 **Facility Number** 15342

CARL JUNCTION RESIDENTIAL CARE

201 FIR RD
 CARL JUNCTION MO 64834-9222
Mailing Address 201 FIR RD
 CARL JUNCTION MO 64834-9222

Telephone (417) 782-5659 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 37
County JASPER **DMH Licensed** No
Region 1 **Facility Number** 20550

CARNEGIE VILLAGE ASSISTED LIVING FACILITY

103 BERNARD DR
 BELTON MO 64012-6182
Mailing Address 103 BERNARD DR
 BELTON MO 64012-6182

Telephone (816) 322-0844 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 85
County CASS **DMH Licensed** No
Region 3 **Facility Number** 25482

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

CARNEGIE VILLAGE REHABILITATION & HEALTH CARE CENTER

105 BERNARD DRIVE
 BELTON MO 64012-6181
Mailing Address 105 BERNARD DRIVE
 BELTON MO 64012-6181

Telephone (816) 348-8815 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 78
County CASS **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 30531

CARONDELET RETIREMENT MANOR

6811 MICHIGAN
 SAINT LOUIS MO 63111-2834
Mailing Address PO BOX 37073
 SAINT LOUIS MO 63141-1573

Telephone (314) 353-9552 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 33
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 **Facility Number** 01058

CARRIAGE RESIDENTIAL CARE CENTER LLC

508 NORTH WASHINGTON ST
 FARMINGTON MO 63640-1756
Mailing Address PO BOX 272
 FARMINGTON MO 63640-0675

Telephone (573) 756-8140 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 20
County SAINT FRANCOIS **DMH Licensed** Yes
Region 2 **Facility Number** 07824

CARRIAGE SQUARE REHAB AND HEALTHCARE CENTER

4009 GENE FIELD RD
 SAINT JOSEPH MO 64506-1864
Mailing Address 4009 GENE FIELD RD
 SAINT JOSEPH MO 64506-1864

Telephone (816) 364-1526 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 32
County BUCHANAN **DMH Licensed** No
Region 4 **Facility Number** 01061

CARRIAGE SQUARE REHAB AND HEALTHCARE CENTER

4009 GENE FIELD RD
 SAINT JOSEPH MO 64506-1864
Mailing Address 4009 GENE FIELD RD
 SAINT JOSEPH MO 64506-1864

Telephone (816) 364-1526 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 130
County BUCHANAN **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 01061

CARRIE DUMAS LONG TERM CARE FACILITY

2836 BENTON BLVD
 KANSAS CITY MO 64128-1140
Mailing Address 2836 BENTON BLVD
 KANSAS CITY MO 64128-1140

Telephone (816) 924-5017 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 34
County JACKSON **DMH Licensed** Yes
Region 3 **Facility Number** 18550

CARRIE ELLIGSON GIETNER HOME

5000 SOUTH BROADWAY
 SAINT LOUIS MO 63111-2015
Mailing Address 5000 S BROADWAY
 SAINT LOUIS MO 63111-2015

Telephone (314) 752-0000 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 130
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 02877

CARROLL HOUSE

307 GRAND
 CARROLLTON MO 64633-2265
Mailing Address 307 GRAND
 CARROLLTON MO 64633-2265

Telephone (660) 542-1599 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 63
County CARROLL **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 22027

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

CARTHAGE HEALTH AND REHABILITATION CENTER

1901 BUENA VISTA AVE
 CARTHAGE MO 64836-3178
Mailing Address 1901 BUENA VISTA AVE
 CARTHAGE MO 64836-3178

Telephone (417) 358-1397 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 120
County JASPER **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 12472

CASABLANCA CARE CENTER

524 SOUTH ALBANY
 BOLIVAR MO 65613-2116
Mailing Address PO BOX 970
 BOLIVAR MO 65613-0970

Telephone (417) 777-7247 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 11
County POLK **DMH Licensed** Yes
Region 1 **Facility Number** 21150

CASSVILLE HEALTH CENTER FOR REHAB AND HEALTHCARE

1300 COUNTY FARM RD
 CASSVILLE MO 65625-1726
Mailing Address 1300 COUNTY FARM RD
 CASSVILLE MO 65625-1726

Telephone (417) 847-3386 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County BARRY **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 01097

CASTLEWOOD SENIOR LIVING THE

1538 N OLD CASTLE ROAD
 NIXA MO 65714-9902
Mailing Address 1538 N OLD CASTLE ROAD
 NIXA MO 65714-9902

Telephone (417) 724-8188 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 66
County CHRISTIAN **DMH Licensed** No
Region 1 **Facility Number** 30722

CEDAR KNOLL

13635 STATE ROUTE V
 SAINT JAMES MO 65559-8331
Mailing Address 13635 STATE ROUTE V
 SAINT JAMES MO 65559-8331

Telephone (573) 265-3658 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 32
County PHELPS **DMH Licensed** Yes
Region 6 **Facility Number** 01142

CEDAR POINTE

1800 WHITE COLUMNS DR
 ROLLA MO 65401-2044
Mailing Address 1800 WHITE COLUMNS DR
 ROLLA MO 65401-2044

Telephone (573) 364-7766 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 102
County PHELPS **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 06801

CEDAR RIDGE CARE CENTER, LLC

71 SYCAMORE
 CASSVILLE MO 65625-1755
Mailing Address PO BOX 633
 CASSVILLE MO 65625-0633

Telephone (417) 847-5546 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 30
County BARRY **DMH Licensed** Yes
Region 1 **Facility Number** 15295

CEDAR VALLEY BOARDING HOME

286 HIGHWAY VV
 BROSELEY MO 63932-9174
Mailing Address 286 HIGHWAY VV
 BROSELEY MO 63932-9174

Telephone (573) 686-4877 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 10
County BUTLER **DMH Licensed** Yes
Region 2 **Facility Number** 08923

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

CEDARCREST MANOR

324 WEST 5TH ST
 WASHINGTON MO 63090-2306
Mailing Address 324 WEST 5TH ST
 WASHINGTON MO 63090-2306

TEMPORARY CLOSURE - STAFFING

Telephone (636) 239-7848 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 177
County FRANKLIN **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 01160

CEDARGATE HEALTHCARE

2350 KANELL BLVD
 POPLAR BLUFF MO 63901-4036
Mailing Address 2350 KANELL BLVD
 POPLAR BLUFF MO 63901-4036

Telephone (573) 785-0188 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 16
County BUTLER **DMH Licensed** No
Region 2 **Facility Number** 01182

CEDARGATE HEALTHCARE

2350 KANELL BLVD
 POPLAR BLUFF MO 63901-4036
Mailing Address 2350 KANELL BLVD
 POPLAR BLUFF MO 63901-4036

Telephone (573) 785-0188 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 108
County BUTLER **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 01182

CEDARHURST OF ARNOLD

2069 MISSOURI STATE ROAD
 ARNOLD MO 63010-4809
Mailing Address 2069 MISSOURI STATE ROAD
 ARNOLD MO 63010-4809

Telephone (636) 333-2715 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 84
County JEFFERSON **DMH Licensed** No
Region 2 **Facility Number** 32428

CEDARHURST OF BLUE SPRINGS

20551 E TRINITY PLACE
 BLUE SPRINGS MO 64015-9501
Mailing Address 20551 E TRINITY PLACE
 BLUE SPRINGS MO 64015-9501

Telephone (816) 685-8863 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 89
County JACKSON **DMH Licensed** No
Region 3 **Facility Number** 31581

CEDARHURST OF COLUMBIA

2333 CHAPEL HILL RD
 COLUMBIA MO 65203-1537
Mailing Address 2333 CHAPEL HILL RD
 COLUMBIA MO 65203-1537

Telephone (573) 234-1091 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 127
County BOONE **DMH Licensed** No
Region 6 **Facility Number** 29874

CEDARHURST OF DES PERES

12826 DAYLIGHT CIRCLE
 SAINT LOUIS MO 63131-1890
Mailing Address 12826 DAYLIGHT CIRCLE
 SAINT LOUIS MO 63131-1890

Telephone (314) 384-3654 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 76
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 30351

CEDARHURST OF FARMINGTON

200 MAPLE VALLEY DRIVE
 FARMINGTON MO 63640-7331
Mailing Address 200 MAPLE VALLEY DRIVE
 FARMINGTON MO 63640-7331

Telephone (573) 713-9150 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 84
County SAINT FRANCOIS **DMH Licensed** No
Region 2 **Facility Number** 32159

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

CEDARHURST OF LEBANON ASSISTED LIVING & MEMORY CARE

842 LYNN STREET
 LEBANON MO 65536-3832
Mailing Address 842 LYNN STREET
 LEBANON MO 65536-3832

Telephone (417) 815-0122
Level of Care: ALF**
County LACLEDE
Region 1

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 31890

CEDARHURST OF SEDALIA

3761 WEST 10TH ST
 SEDALIA MO 65301-2524
Mailing Address 3761 WEST 10TH ST
 SEDALIA MO 65301-2524

Telephone (660) 827-8900
Level of Care: ALF**
County PETTIS
Region 6

Alzheimer's Unit No
Bed Capacity 90
DMH Licensed No
Facility Number 25967

CEDARHURST OF SPRINGFIELD

1146 EAST LAKEWOOD ST
 SPRINGFIELD MO 65810-2614
Mailing Address 1146 E LAKEWOOD ST
 SPRINGFIELD MO 65810-2614

Telephone (417) 885-9050
Level of Care: ALF**
County GREENE
Region 1

Alzheimer's Unit Yes
Bed Capacity 66
DMH Licensed No
Facility Number 28295

CEDARHURST OF ST. CHARLES ASSISTED LIVING & MEMORY CARE

1800 FIRST CAPITOL DRIVE
 SAINT CHARLES MO 63301-1646
Mailing Address 1800 FIRST CAPITOL DRIVE
 SAINT CHARLES MO 63301-1646

Telephone (636) 255-8094
Level of Care: ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit Yes
Bed Capacity 155
DMH Licensed No
Facility Number 30676

CEDARHURST OF TESSON HEIGHTS

12335 WEST BEND DR
 SAINT LOUIS MO 63128-2160
Mailing Address 12335 WEST BEND DR
 SAINT LOUIS MO 63128-2160

Telephone (314) 849-1366
Level of Care: ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 79
DMH Licensed No
Facility Number 13663

CEDARHURST OF WEST PLAINS

1521 US HIGHWAY 63
 WEST PLAINS MO 65775-9809
Mailing Address 1521 US HIGHWAY 63
 WEST PLAINS MO 65775-9809

Telephone (417) 372-8940
Level of Care: ALF**
County HOWELL
Region 1

Alzheimer's Unit YES
Bed Capacity 84
DMH Licensed No
Facility Number 32028

CEDARS OF LIBERTY HEALTH CARE CENTER

200 WEST RUTH EWING RD
 LIBERTY MO 64068-9496
Mailing Address 200 WEST RUTH EWING RD
 LIBERTY MO 64068-9496

Telephone (816) 781-7600
Level of Care: RCF*
County CLAY
Region 4

Alzheimer's Unit No
Bed Capacity 206
DMH Licensed Yes
Facility Number 13854

CENTRAL GARDENS INC

302 NORTH ELM ST
 DEXTER MO 63841-1773
Mailing Address 302 NORTH ELM ST
 DEXTER MO 63841-1773

Telephone (573) 624-0011
Level of Care: RCF*
County STODDARD
Region 2

Alzheimer's Unit No
Bed Capacity 83
DMH Licensed No
Facility Number 18858

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

CENTRAL RESIDENCE, THE

5143 WATERMAN BLVD
 SAINT LOUIS MO 63108-1103
Mailing Address 5143 WATERMAN BLVD
 SAINT LOUIS MO 63108-1103

Telephone (314) 367-5620
Level of Care: RCF*
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 41
DMH Licensed Yes
Facility Number 02785

CENTURY PINES ASSISTED LIVING

709 EAST MCCracken RD
 OZARK MO 65721-9499
Mailing Address 709 EAST MCCracken RD
 OZARK MO 65721-9499

Telephone (417) 581-7278
Level of Care: ALF
County CHRISTIAN
Region 1

Alzheimer's Unit No
Bed Capacity 58
DMH Licensed Yes
Facility Number 01200

CENTURY PINES ASSISTED LIVING

709 EAST MCCracken RD
 OZARK MO 65721-9499
Mailing Address 709 EAST MCCracken RD
 OZARK MO 65721-9499

Telephone (417) 581-7278
Level of Care: ALF**
County CHRISTIAN
Region 1

Alzheimer's Unit No
Bed Capacity 18
DMH Licensed No
Facility Number 01200

CHAFFEE NURSING CENTER

12273 STATE HIGHWAY 77
 CHAFFEE MO 63740-8219
Mailing Address 12273 STATE HIGHWAY 77
 CHAFFEE MO 63740-8219

Telephone (573) 887-3615
Level of Care: SNF
County SCOTT
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 71
DMH Licensed No
Facility Number 13652

CHARITON PARK HEALTH CARE CENTER

902 MANOR DR
 SALISBURY MO 65281-1236
Mailing Address 902 MANOR DR
 SALISBURY MO 65281-1236

Telephone (660) 388-6486
Level of Care: SNF
County CHARITON
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 06469

CHARLESTON MANOR

1220 EAST MARSHALL
 CHARLESTON MO 63834-1349
Mailing Address 1220 EAST MARSHALL
 CHARLESTON MO 63834-1349

Telephone (573) 683-3721
Level of Care: SNF
County MISSISSIPPI
Region 2 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 01251

CHATEAU ANN MARIE

7700 MINNESOTA AVE
 SAINT LOUIS MO 63111-3336
Mailing Address 7700 MINNESOTA AVE
 SAINT LOUIS MO 63111-3336

Telephone (314) 449-1497
Level of Care: ALF
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 22
DMH Licensed Yes
Facility Number 14711

CHATEAU GIRARDEAU

3120 INDEPENDENCE ST
 CAPE GIRARDEAU MO 63703-5043
Mailing Address 3120 INDEPENDENCE ST
 CAPE GIRARDEAU MO 63703-5043

Telephone (573) 335-1281
Level of Care: SNF
County CAPE GIRARDEAU
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 75
DMH Licensed No
Facility Number 01386

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

CHATEAU GIRARDEAU

3120 INDEPENDENCE ST
 CAPE GIRARDEAU MO 63703-5043
Mailing Address 3120 INDEPENDENCE ST
 CAPE GIRARDEAU MO 63703-5043

Telephone (573) 335-1281 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 55
County CAPE GIRARDEAU **DMH Licensed** No
Region 2 **Facility Number** 01386

CHEROKEE RESIDENTIAL CARE ACQUISITION, LLC

3409 MISSOURI AVE
 SAINT LOUIS MO 63118-3236
Mailing Address 3409 MISSOURI AVE
 SAINT LOUIS MO 63118-3236

Telephone (314) 771-8360 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 30
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 **Facility Number** 14047

CHESTERFIELD VILLAS

14901 N OUTER 40 RD
 CHESTERFIELD MO 63017-6034
Mailing Address 14901 N OUTER 40 RD
 CHESTERFIELD MO 63017-6034

Telephone (636) 532-9296 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 52
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 29067

CHESTNUT GLENN - ASSISTED LIVING BY AMERICARE

121 KLONDIKE CROSSING
 SAINT PETERS MO 63376-5394
Mailing Address 121 KLONDIKE CROSSING
 SAINT PETERS MO 63376-5394

Telephone (636) 928-4200 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 74
County SAINT CHARLES **DMH Licensed** No
Region 5 **Facility Number** 25446

CHESTNUT REHAB AND NURSING

10954 KENNERLY RD
 SAINT LOUIS MO 63128-2018
Mailing Address 10954 KENNERLY RD
 SAINT LOUIS MO 63128-2018

Telephone (314) 843-4242 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 167
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 03182

CHRISTIAN EXTENDED CARE & REHABILITATION

11160 VILLAGE NORTH DR
 SAINT LOUIS MO 63136-6159
Mailing Address 11160 VILLAGE NORTH DR
 SAINT LOUIS MO 63136-6159

Telephone (314) 355-8010 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 08300

CHURCHILL TERRACE - ASSISTED LIVING BY AMERICARE

120 HOSPITAL DR
 FULTON MO 65251-2511
Mailing Address 120 HOSPITAL DR
 FULTON MO 65251-2511

Telephone (573) 642-5222 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 57
County CALLAWAY **DMH Licensed** No
Region 6 **Facility Number** 20783

CITIZENS MEMORIAL HEALTH CARE FACILITY

1218 W LOCUST ST
 BOLIVAR MO 65613-1312
Mailing Address PO BOX 590
 BOLIVAR MO 65613-0590

Telephone (417) 326-7648 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 111
County POLK **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 00710

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

CLARA MANOR NURSING HOME

3621 WARWICK BLVD
 KANSAS CITY MO 64111-1403
Mailing Address 3621 WARWICK BLVD
 KANSAS CITY MO 64111-1403

Telephone (816) 756-1593 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 90
County JACKSON **DMH Licensed** No
Region 3 **Medicaid** **Facility Number** 14102

CLARENCE CARE CENTER

111 EAST ST
 CLARENCE MO 63437-1902
Mailing Address 111 EAST ST
 CLARENCE MO 63437-1902

Telephone (660) 699-2118 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County SHELBY **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 01475

CLARENDAL CLAYTON

7651 CLAYTON ROAD
 CLAYTON MO 63317-1419
Mailing Address 7651 CLAYTON ROAD
 CLAYTON MO 63317-1419

Telephone (314) 390-9399 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 98
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 32528

CLARENDAL OF ST PETERS

10 DUBRAY DRIVE
 SAINT PETERS MO 63376-3558
Mailing Address 10 DUBRAY DRIVE
 SAINT PETERS MO 63376-3558

Telephone (636) 706-5100 **Alzheimer's Unit** yes
Level of Care: ALF** **Bed Capacity** 110
County SAINT CHARLES **DMH Licensed** No
Region 5 **Facility Number** 32095

CLARK CARE CENTER - ONE

1505 EAST ASHLAND ST
 NEVADA MO 64772-4025
Mailing Address PO BOX 246
 NEVADA MO 64772-0246

Telephone (417) 667-3900 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 38
County VERNON **DMH Licensed** Yes
Region 1 **Facility Number** 20206

CLARK COUNTY NURSING HOME

1260 N JOHNSON ST
 KAHOKA MO 63445-1100
Mailing Address 1260 N JOHNSON ST
 KAHOKA MO 63445-1100

Telephone (660) 727-3303 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 22
County CLARK **DMH Licensed** No
Region 5 **Facility Number** 01480

CLARK COUNTY NURSING HOME

1260 N JOHNSON ST
 KAHOKA MO 63445-1100
Mailing Address 1260 N JOHNSON ST
 KAHOKA MO 63445-1100

Telephone (660) 727-3303 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 103
County CLARK **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 01480

CLARK'S MOUNTAIN NURSING CENTER

2100 BARNES
 PIEDMONT MO 63957-1008
Mailing Address 2100 BARNES
 PIEDMONT MO 63957-1008

Telephone (573) 223-4297 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 91
County WAYNE **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 01496

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

CLARU DEVILLE NURSING CENTER

105 SPRUCE ST
 FREDERICKTOWN MO 63645-1002
Mailing Address 105 SPRUCE ST
 FREDERICKTOWN MO 63645-1002

Telephone (573) 783-3993 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 90
County MADISON **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 17527

CLEARVIEW NURSING CENTER

430 SALCEDO ROAD
 SIKESTON MO 63801-4802
Mailing Address PO BOX 707
 SIKESTON MO 63801-0707

Telephone (573) 471-2565 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 98
County SCOTT **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 19913

CLINTON HEALTHCARE AND REHABILITATION CENTER

1009 EAST OHIO
 CLINTON MO 64735-2455
Mailing Address 1009 EAST OHIO
 CLINTON MO 64735-2455

Telephone (660) 885-5571 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County HENRY **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 01318

COATES STREET COMFORT HOUSE

612 WEST COATES ST
 MOBERLY MO 65270-1319
Mailing Address PO BOX 781
 MOBERLY MO 65270-0781

Telephone (660) 263-6759 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 20
County RANDOLPH **DMH Licensed** Yes
Region 5 **Facility Number** 08220

COLLIER CARE HOME, INC

3001 NW VESPER ST
 BLUE SPRINGS MO 64015-3104
Mailing Address 3001 NW VESPER ST
 BLUE SPRINGS MO 64015-3104

Telephone (816) 229-6231 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 15
County JACKSON **DMH Licensed** Yes
Region 3 **Facility Number** 01591

COLONIAL HOME, THE

102 SUMMIT ST
 DONIPHAN MO 63935-1328
Mailing Address 102 SUMMIT ST
 DONIPHAN MO 63935-1328

Telephone (573) 996-4283 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 31
County RIPLEY **DMH Licensed** No
Region 2 **Facility Number** 01610

COLONIAL HOUSE OF FESTUS I

500 SUNSHINE DR
 FESTUS MO 63028-1645
Mailing Address 500 SUNSHINE DR
 FESTUS MO 63028-1645

Telephone (636) 937-7140 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 30
County JEFFERSON **DMH Licensed** Yes
Region 2 **Facility Number** 00726

COLONIAL MANOR, LLC

907 WEST MALONE ST
 SIKESTON MO 63801-2425
Mailing Address 907 WEST MALONE ST
 SIKESTON MO 63801-2425

Telephone (573) 471-5541 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 20
County SCOTT **DMH Licensed** Yes
Region 2 **Facility Number** 13255

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

COLONIAL RESIDENTIAL CARE FACILITY II

1162 CEDAR ST
 BISMARCK MO 63624-8920
Mailing Address PO BOX 134
 MOUNTAIN GROVE MO 65711-0134

Telephone (573) 734-2846
Level of Care: RCF**
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 48
DMH Licensed Yes
Facility Number 01693

COLONIAL SPRINGS HEALTHCARE CENTER

750 W COOPER ST
 BUFFALO MO 65622-8662
Mailing Address PO BOX 978
 BUFFALO MO 65622-0978

Telephone (417) 345-2228
Level of Care: SNF
County DALLAS
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 134
DMH Licensed No
Facility Number 01302

COLONY POINTE-ASSISTED LIVING BY AMERICARE

1510 CHAPEL HILL RD
 COLUMBIA MO 65203-5457
Mailing Address 1510 CHAPEL HILL RD
 COLUMBIA MO 65203-5457

Telephone (573) 234-1193
Level of Care: ALF**
County BOONE
Region 6

Alzheimer's Unit Yes
Bed Capacity 59
DMH Licensed No
Facility Number 28191

COLUMBIA MANOR CARE CENTER

2012 NIFONG BLVD
 COLUMBIA MO 65201-3874
Mailing Address 2012 NIFONG BLVD
 COLUMBIA MO 65201-3874

Telephone (573) 449-1246
Level of Care: SNF
County BOONE
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 52
DMH Licensed No
Facility Number 01715

COLUMBIA POST ACUTE

3535 BERRYWOOD DRIVE
 COLUMBIA MO 65201-6584
Mailing Address 3535 BERRYWOOD DRIVE
 COLUMBIA MO 65201-6584

Telephone (573) 397-7144
Level of Care: SNF
County BOONE
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 70
DMH Licensed No
Facility Number 30959

COLUMBIA STREET RESIDENTIAL CARE CENTER LLC

208 WEST COLUMBIA ST
 FARMINGTON MO 63640-1705
Mailing Address PO BOX 272
 FARMINGTON MO 63640-0675

Telephone (573) 756-7481
Level of Care: RCF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 16
DMH Licensed Yes
Facility Number 01729

COMMUNITIES OF WILDWOOD RANCH

3222 SOUTH JOHN DUFFY DR
 JOPLIN MO 64804-1569
Mailing Address 3222 SOUTH JOHN DUFFY DR
 JOPLIN MO 64804-1569

Telephone (417) 621-0175
Level of Care: SNF
County JASPER
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 29077

COMMUNITY CARE CENTER OF LEMAY, INC

9353 SOUTH BROADWAY
 SAINT LOUIS MO 63125-1600
Mailing Address 9353 SOUTH BROADWAY
 SAINT LOUIS MO 63125-1600

Telephone (314) 631-0540
Level of Care: SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 01732

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

COMMUNITY MANOR

783 WEBER ROAD
 FARMINGTON MO 63640-3318
Mailing Address 783 WEBER RD
 FARMINGTON MO 63640-3318

Telephone (573) 756-8998 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 99
County SAINT FRANCOIS **DMH Licensed** No
Region 2 Medicare/Medicaid Facility Number 13887

COMMUNITY OF AUTUMN COURT AT MT VERNON, THE

1421 S LANDRUM ST
 MOUNT VERNON MO 65712-1912
Mailing Address 1421 S LANDRUM ST
 MOUNT VERNON MO 65712-1912

Telephone (417) 466-3549 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 34
County LAWRENCE **DMH Licensed** No
Region 1 Facility Number 20809

COMMUNITY SPRINGS HEALTHCARE FACILITY

400 EAST HOSPITAL RD
 EL DORADO SPRINGS MO 64744-2024
Mailing Address 400 EAST HOSPITAL RD
 EL DORADO SPRINGS MO 64744-2024

Telephone (417) 876-2531 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 120
County CEDAR **DMH Licensed** No
Region 1 Medicare/Medicaid Facility Number 01740

CONVERSE HOME

17025 OLD JAMESTOWN RD
 FLORISSANT MO 63034-1414
Mailing Address 17025 OLD JAMESTOWN RD
 FLORISSANT MO 63034-1414

Telephone (314) 355-8041 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 12
County SAINT LOUIS COUNTY **DMH Licensed** Yes
Region 7 Facility Number 01777

COOPER HOUSE

4385 MARYLAND AVE
 SAINT LOUIS MO 63108-2703
Mailing Address 4385 MARYLAND AVE
 SAINT LOUIS MO 63108-2703

Telephone (314) 535-1919 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 36
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 Facility Number 21439

COPPER ROCK HEALTHCARE

712 COPPER ROCK DRIVE
 ROGERSVILLE MO 65742-8970
Mailing Address PO BOX 560
 ROGERSVILLE MO 65742-8970

Telephone (417) 202-4606 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 90
County WEBSTER **DMH Licensed** No
Region 1 Medicare/Medicaid Facility Number 31851

CORI MANOR HEALTHCARE & REHABILITATION CENTER

560 CORISANDE HILLS RD
 FENTON MO 63026-5613
Mailing Address 560 CORISANDE HILLS RD
 FENTON MO 63026-5613

Telephone (636) 343-2282 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 144
County JEFFERSON **DMH Licensed** No
Region 2 Medicare/Medicaid Facility Number 01800

COTTAGES OF LAKE ST LOUIS

2885 TECHNOLOGY DRIVE
 LAKE SAINT LOUIS MO 63367-4123
Mailing Address 2885 TECHNOLOGY DRIVE
 LAKE SAINT LOUIS MO 63367-4123

Telephone (636) 614-3510 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County SAINT CHARLES **DMH Licensed** No
Region 5 Medicare Facility Number 30318

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

COTTON POINT LIVING CENTER

609 SOUTH RAILROAD ST
 MATTHEWS MO 63867-9751
Mailing Address 609 SOUTH RAILROAD ST
 MATTHEWS MO 63867-9751

Telephone (573) 471-7861 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 98
County NEW MADRID **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 07057

COUNTRY AIRE ESTATES, LLC

49303 RENSSLAER LN
 HANNIBAL MO 63401-7356
Mailing Address 49303 RENSSLAER LN
 HANNIBAL MO 63401-7356

Telephone (573) 221-5400 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 16
County RALLS **DMH Licensed** Yes
Region 5 **Facility Number** 14270

COUNTRY AIRE RETIREMENT CENTER

18540 STATE HIGHWAY 16
 LEWISTOWN MO 63452-2111
Mailing Address 18540 STATE HIGHWAY 16
 LEWISTOWN MO 63452-2111

Telephone (573) 215-2216 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 16
County LEWIS **DMH Licensed** No
Region 5 **Facility Number** 16896

COUNTRY AIRE RETIREMENT CENTER

18540 STATE HIGHWAY 16
 LEWISTOWN MO 63452-2111
Mailing Address 18540 STATE HIGHWAY 16
 LEWISTOWN MO 63452-2111

Telephone (573) 215-2216 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County LEWIS **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 16896

COUNTRY CLUB REHAB AND HEALTHCARE CENTER

503 REGENT DR
 WARRENSBURG MO 64093-3231
Mailing Address 503 REGENT DR
 WARRENSBURG MO 64093-3231

Telephone (660) 429-4444 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 73
County JOHNSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 20892

COUNTRY CLUB REHAB AND HEALTHCARE CENTER

503 REGENT DR
 WARRENSBURG MO 64093-3231
Mailing Address 503 REGENT DR
 WARRENSBURG MO 64093-3231

Telephone (660) 429-4444 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 40
County JOHNSON **DMH Licensed** No
Region 3 **Facility Number** 20892

COUNTRY LIVING ASSISTED LIVING

2820 NORTH MAIN ST
 MOUNTAIN GROVE MO 65711-1403
Mailing Address 2820 NORTH MAIN ST
 MOUNTAIN GROVE MO 65711-1403

Telephone (417) 926-1955 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 40
County WRIGHT **DMH Licensed** No
Region 1 **Facility Number** 27548

COUNTRY MEADOWS

1301 N ST JOE DR
 PARK HILLS MO 63601-1965
Mailing Address 1301 N ST JOE DR
 PARK HILLS MO 63601-1965

Telephone (573) 431-2889 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 15
County SAINT FRANCOIS **DMH Licensed** No
Region 2 **Facility Number** 14443

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

COUNTRY MEADOWS

1301 N ST JOE DR
 PARK HILLS MO 63601-1965
Mailing Address 1301 N ST JOE DR
 PARK HILLS MO 63601-1965

Telephone (573) 431-2889 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 72
County SAINT FRANCOIS **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 14443

COUNTRY OAK VILLAGE

101 CROSS CREEK DR
 GRAIN VALLEY MO 64029-9561
Mailing Address 101 CROSS CREEK DR
 GRAIN VALLEY MO 64029-9561

Telephone (816) 224-2700 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 32
County JACKSON **DMH Licensed** No
Region 3 **Facility Number** 24279

COUNTRY PLACE

28601 US HIGHWAY 61
 SCOTT CITY MO 63780-9143
Mailing Address 28601 US HIGHWAY 61
 SCOTT CITY MO 63780-9143

Telephone (573) 264-1555 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 24
County SCOTT **DMH Licensed** No
Region 2 **Facility Number** 25934

COUNTRY VALLEY HOME

15750 COUNTY RD 2430
 SAINT JAMES MO 65559-8211
Mailing Address 15750 COUNTY RD 2430
 SAINT JAMES MO 65559-8211

Telephone (573) 265-8250 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 23
County PHELPS **DMH Licensed** Yes
Region 6 **Facility Number** 01852

COUNTRY VIEW NURSING FACILITY, INC

2106 WEST MAIN ST
 BOWLING GREEN MO 63334-1049
Mailing Address PO BOX 330
 BOWLING GREEN MO 63334-0330

Telephone (573) 324-2216 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County PIKE **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 14926

COUNTRYSIDE CARE CENTER, LLC

385 SOUTH EISENHOWER
 MONETT MO 65708-8266
Mailing Address PO BOX 434
 MONETT MO 65708-0434

Telephone (417) 235-4040 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 33
County BARRY **DMH Licensed** Yes
Region 1 **Facility Number** 12737

COUNTRYSIDE ESTATES

500 NORTH OHIO
 APPLETON CITY MO 64724-1625
Mailing Address PO BOX 98
 APPLETON CITY MO 64724-0098

Telephone (660) 476-2128 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 24
County SAINT CLAIR **DMH Licensed** No
Region 1 **Facility Number** 15005

COUNTRYSIDE HOME, LLC

24499 PARK DR
 LEBANON MO 65536-5843
Mailing Address 24499 PARK DR
 LEBANON MO 65536-5843

Telephone (417) 532-7418 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 20
County LACLEDE **DMH Licensed** Yes
Region 1 **Facility Number** 15052

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

CRAB APPLE VILLAGE SENIOR ESTATES

214 HARTMAN PL, SUITE 100
 SAINT CLAIR MO 63077-2458
Mailing Address 214 HARTMAN PL, SUITE 100
 SAINT CLAIR MO 63077-2458

Telephone (636) 629-6161
Level of Care: ALF**
County FRANKLIN
Region 6

Alzheimer's Unit Yes
Bed Capacity 65
DMH Licensed No
Facility Number 24395

CRANE RESIDENTIAL CARE HOME

102 LILLIAN
 CRANE MO 65633-9103
Mailing Address 102 LILLIAN
 CRANE MO 65633-9103

Telephone (417) 723-5900
Level of Care: RCF
County STONE
Region 1

Alzheimer's Unit No
Bed Capacity 36
DMH Licensed Yes
Facility Number 01898

CRAWFORD RANCH BOARDING HOME, LLC

2200 VARVERA RD
 DOE RUN MO 63637-3121
Mailing Address 2200 VARVERA RD
 DOE RUN MO 63637-3121

Telephone (573) 756-4656
Level of Care: RCF*
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 32
DMH Licensed Yes
Facility Number 13193

CRESTVIEW HOME

1313 SOUTH 25TH ST
 BETHANY MO 64424-2634
Mailing Address PO BOX 430
 BETHANY MO 64424-0430

Telephone (660) 425-3128
Level of Care: RCF*
County HARRISON
Region 4

Alzheimer's Unit No
Bed Capacity 24
DMH Licensed No
Facility Number 01936

CRESTVIEW HOME

1313 SOUTH 25TH ST
 BETHANY MO 64424-2634
Mailing Address PO BOX 430
 BETHANY MO 64424-0430

Telephone (660) 425-3128
Level of Care: SNF
County HARRISON
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 92
DMH Licensed No
Facility Number 01936

CRESTWOOD HEALTH CARE CENTER, LLC

11400 MEHL AVE
 FLORISSANT MO 63033-7204
Mailing Address 11400 MEHL AVE
 FLORISSANT MO 63033-7204

Telephone (314) 741-3525
Level of Care: SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 150
DMH Licensed No
Facility Number 14296

CREVE COEUR ASSISTED LIVING AND MEMORY CARE

693 DECKER LN
 CREVE COEUR MO 63141-7127
Mailing Address 693 DECKER LANE
 CREVE COEUR MO 63141-7127

Telephone (314) 997-4532
Level of Care: ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 110
DMH Licensed No
Facility Number 29440

CREVE COEUR MANOR

1127 TIMBER RUN DR
 SAINT LOUIS MO 63146-4482
Mailing Address 1127 TIMBER RUN DR
 SAINT LOUIS MO 63146-4482

Telephone (314) 434-8361
Level of Care: SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 149
DMH Licensed No
Facility Number 02417

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

CROSS CREEK AT LEE'S SUMMIT

3320 NE WILSHIRE DR
 LEE'S SUMMIT MO 64064-2077
Mailing Address 3320 NE WILSHIRE DR
 LEE'S SUMMIT MO 64064-2077

Telephone (816) 607-5700 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 55
County JACKSON **DMH Licensed** No
Region 3 **Facility Number** 30996

CROWLEY RIDGE CARE CENTER

1204 NORTH OUTER RD
 DEXTER MO 63841-8684
Mailing Address PO BOX 668
 DEXTER MO 63841-0668

Telephone (573) 624-5557 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 90
County STODDARD **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 12667

CROWN REHAB AND HEALTHCARE CENTER

3001 EAST ELM
 HARRISONVILLE MO 64701-1196
Mailing Address 3001 EAST ELM
 HARRISONVILLE MO 64701-1196

Telephone (816) 380-6525 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 118
County CASS **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 21031

CRYSTAL CREEK HEALTH AND REHABILITATION CENTER

250 NEW FLORISSANT RD SOUTH
 FLORISSANT MO 63031-6716
Mailing Address 250 NEW FLORISSANT RD SOUTH
 FLORISSANT MO 63031-6716

Telephone (314) 838-2211 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 158
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 05782

CRYSTAL OAKS

1500 CALVARY CHURCH RD
 FESTUS MO 63028-4125
Mailing Address PO BOX 680
 CRYSTAL CITY MO 63019-0680

Telephone (636) 933-1818 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 60
County JEFFERSON **DMH Licensed** No
Region 2 **Facility Number** 99932

CRYSTAL OAKS

1500 CALVARY CHURCH RD
 FESTUS MO 63028-4125
Mailing Address PO BOX 680
 CRYSTAL CITY MO 63019-0680

Telephone (636) 933-1818 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 131
County JEFFERSON **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 99932

CUBA MANOR, INC

210 ELDON DR
 CUBA MO 65453-1642
Mailing Address 210 ELDON DR
 CUBA MO 65453-1642

Telephone (573) 885-4500 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 90
County CRAWFORD **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 21149

CURRENT RIVER NURSING CENTER, INC

1015 NORTH GRAND AVE
 DONIPHAN MO 63935-1779
Mailing Address 1015 NORTH GRAND AVE
 DONIPHAN MO 63935-1779

Telephone (573) 996-4239 **Alzheimer's Unit** NO
Level of Care: SNF **Bed Capacity** 120
County RIPLEY **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 17125

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

CYPRESS POINT - SKILLED NURSING BY AMERICARE

801 BAILIFF DR
DEXTER MO 63841-9500
Mailing Address 801 BAILIFF DR
DEXTER MO 63841-9500

Telephone (573) 624-8908 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 79
County STODDARD **DMH Licensed** No
Region 2 Medicare/Medicaid Facility Number 08315

DADE COUNTY NURSING HOME DISTRICT

400 BROAD ST
GREENFIELD MO 65661-1405
Mailing Address 400 BROAD ST
GREENFIELD MO 65661-1405

Telephone (417) 637-5315 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 114
County DADE **DMH Licensed** No
Region 1 Medicare/Medicaid Facility Number 02006

DAVIESS COUNTY NURSING AND REHABILITATION

1337 WEST GRAND
GALLATIN MO 64640-8320
Mailing Address 1337 WEST GRAND
GALLATIN MO 64640-8320

Telephone (660) 663-2197 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 97
County DAVIESS **DMH Licensed** No
Region 4 Medicare/Medicaid Facility Number 02032

DELHAVEN MANOR

5460 DELMAR BLVD
SAINT LOUIS MO 63112-3104
Mailing Address 5460 DELMAR BLVD
SAINT LOUIS MO 63112-3104

Telephone (314) 361-2902 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 156
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 02089

DELMAR GARDENS NORTH

4401 PARKER ROAD
BLACK JACK MO 63033-4266
Mailing Address 4401 PARKER ROAD
BLACK JACK MO 63033-4266

Telephone (314) 355-1516 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 240
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 14093

DELMAR GARDENS OF CHESTERFIELD

14855 NORTH OUTER 40 RD
CHESTERFIELD MO 63017-2026
Mailing Address 14855 NORTH OUTER 40 RD
CHESTERFIELD MO 63017-2026

Telephone (636) 532-0150 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 237
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 02111

DELMAR GARDENS OF CREVE COEUR

850 COUNTRY MANOR LN
CREVE COEUR MO 63141-6651
Mailing Address 850 COUNTRY MANOR LN
CREVE COEUR MO 63141-6651

Telephone (314) 434-5900 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 148
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 01830

DELMAR GARDENS OF MERAMEC VALLEY

1 ARBOR TERRACE
FENTON MO 63026-3900
Mailing Address 1 ARBOR TERRACE
FENTON MO 63026-3900

Telephone (636) 343-0016 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 190
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 13468

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

DELMAR GARDENS OF O'FALLON

7068 SOUTH OUTER 364
O'FALLON MO 63368-7757
Mailing Address 7068 SOUTH OUTER 364
O'FALLON MO 63368-7757

Telephone (636) 240-6100 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 240
County SAINT CHARLES **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 24291

DELMAR GARDENS ON THE GREEN

15197 CLAYTON RD
CHESTERFIELD MO 63017-7048
Mailing Address 15197 CLAYTON RD
CHESTERFIELD MO 63017-7048

Telephone (636) 394-7515 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 180
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 01515

DELMAR GARDENS SOUTH

5300 BUTLER HILL ROAD
SAINT LOUIS MO 63128-4152
Mailing Address 5300 BUTLER HILL RD
SAINT LOUIS MO 63128-4152

Telephone (314) 842-0588 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 250
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 12909

DELMAR GARDENS WEST

13550 SOUTH OUTER 40 RD
TOWN AND COUNTRY MO 63017-5812
Mailing Address 13550 SOUTH OUTER 40 RD
TOWN AND COUNTRY MO 63017-5812

Telephone (314) 878-1330 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 321
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 02120

DELTA SOUTH NURSING & REHABILITATION

640 COLONEL GEORGE E DAY PARKWAY
SIKESTON MO 63801-0624
Mailing Address 640 COLONEL GEORGE E DAY PARKWAY
SIKESTON MO 63801-0624

Telephone (573) 471-3400 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County NEW MADRID **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 30584

DESMET RETIREMENT COMMUNITY

1425 NORTH NEW FLORISSANT RD
FLORISSANT MO 63033-2154
Mailing Address 1425 N NEW FLORISSANT RD
FLORISSANT MO 63033-2154

Telephone (314) 838-3811 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 68
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 20664

DEXTER LIVING CENTER

415 S CATALPA STREET
DEXTER MO 63841-2017
Mailing Address 415 S CATALPA STREET
DEXTER MO 63841-2017

Telephone (573) 624-7491 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 73
County STODDARD **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 02156

DIANA'S BOARDING HOME 1, INC

15431 STATE HIGHWAY M
MARBLE HILL MO 63764-7487
Mailing Address 15431 STATE HIGHWAY M
MARBLE HILL MO 63764-7487

Telephone (573) 866-2010 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 20
County BOLLINGER **DMH Licensed** Yes
Region 2 **Facility Number** 11123

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

DIANA'S BOARDING HOME 2

25140 BUZZARD DR
 MARBLE HILL MO 63764-9408
Mailing Address HC 64, BOX 4677
 MARBLE HILL MO 63764-9408

Telephone (573) 238-3344 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 40
County BOLLINGER **DMH Licensed** Yes
Region 2 **Facility Number** 23940

DIVERSICARE OF ST JOSEPH

3002 N 18TH ST
 SAINT JOSEPH MO 64505-1872
Mailing Address 3002 N 18TH ST
 SAINT JOSEPH MO 64505-1872

Telephone (816) 364-4200 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 180
County BUCHANAN **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 08000

DIXON NURSING & REHAB

403 EAST 10TH ST
 DIXON MO 65459-6049
Mailing Address 403 EAST 10TH ST
 DIXON MO 65459-6049

Telephone (573) 759-2135 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County PULASKI **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 15510

DOLAN MEMORY CARE AT CALAIS

1225 TENNANT RD
 SAINT LOUIS MO 63146-5523
Mailing Address 1225 TENNANT RD
 SAINT LOUIS MO 63146-5523

Telephone (314) 569-9060 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 44
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 27755

DOLAN MEMORY CARE AT CONWAY

12550 CONWAY RD
 CREVE COEUR MO 63141-8613
Mailing Address 12550 CONWAY RD
 CREVE COEUR MO 63141-8613

Telephone (314) 576-3998 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 9
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 22648

DOLAN MEMORY CARE AT FRONTIER

11566 FRONTIER DR
 SAINT LOUIS MO 63146-4873
Mailing Address PO BOX 4082
 CHESTERFIELD MO 63006-4082

Telephone (314) 995-5331 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 20
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 25162

DOLAN MEMORY CARE AT MASON MANOR

12740 MASON MANOR
 SAINT LOUIS MO 63141-7350
Mailing Address 12740 MASON MANOR
 SAINT LOUIS MO 63141-7350

Telephone (314) 576-6200 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 8
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 19861

DOLAN MEMORY CARE AT SCHUETZ

1706 SCHUETZ RD
 SAINT LOUIS MO 63146-4931
Mailing Address 1706 SCHUETZ RD
 SAINT LOUIS MO 63146-4931

Telephone (314) 989-1762 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 10
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 23805

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

DOLAN MEMORY CARE AT WATERFORD CROSSING

11350 DOLAN WAY
 SAINT LOUIS MO 63146-5533
Mailing Address PO BOX 4082
 CHESTERFIELD MO 63006-4082

Telephone (314) 993-9500 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 88
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 31366

DOUGHERTY FERRY ASSISTED LIVING & MEMORY CARE

2929 DOUGHERTY FERRY RD
 SAINT LOUIS MO 63122-3368
Mailing Address 2929 DOUGHERTY FERRY RD
 SAINT LOUIS MO 63122-3368

Telephone (636) 825-6665 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 110
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 30034

DUNN-DUNN HOUSE LLC

2133 JANNETTE DR
 SAINT LOUIS MO 63136-4020
Mailing Address 2133 JANNETTE DR
 SAINT LOUIS MO 63136-4020

Telephone (314) 869-2431 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 10
County SAINT LOUIS COUNTY **DMH Licensed** Yes
Region 7 **Facility Number** 14694

DUTCHTOWN CARE CENTER

3421 GASCONADE ST
 SAINT LOUIS MO 63118-4201
Mailing Address 3421 GASCONADE ST
 SAINT LOUIS MO 63118-4201

Telephone (314) 832-4700 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 21455

E W THOMPSON HEALTH & REHABILITATION CENTER

975 MITCHELL ROAD
 SEDALIA MO 65301-2133
Mailing Address 975 MITCHELL ROAD
 SEDALIA MO 65301-2133

Telephone (660) 851-0668 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 60
County PETTIS **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 30182

EASTVIEW MANOR CARE CENTER

1622 EAST 28TH ST
 TRENTON MO 64683-1104
Mailing Address 1622 EAST 28TH ST
 TRENTON MO 64683-1104

Telephone (660) 359-2251 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 90
County GRUNDY **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 18267

EDGEWOOD MANOR HEALTH CARE CENTER

11900 JESSICA LN
 RAYTOWN MO 64138-2649
Mailing Address 11900 JESSICA LN
 RAYTOWN MO 64138-2649

Telephone (816) 358-7858 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 66
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 14119

EL DORADO SPRINGS RESIDENTIAL CARE

805 NORTH JACKSON ST
 EL DORADO SPRINGS MO 64744-2912
Mailing Address 805 NORTH JACKSON ST
 EL DORADO SPRINGS MO 64744-2912

Telephone (417) 876-4278 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 60
County CEDAR **DMH Licensed** Yes
Region 1 **Facility Number** 12621

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

ELDERHAUS INN

125 ANNA AVE, #18

TROY MO 63379-2402

Mailing Address 125 ANNA AVE, #18

TROY MO 63379-2402

Telephone (636) 462-6979**Level of Care:** RCF**County** LINCOLN**Region** 5**Alzheimer's Unit**

No

Bed Capacity

20

DMH Licensed

Yes

Facility Number

16992

ELDON NURSING & REHAB

1001 E NORTH ST

ELDON MO 65026-2634

Mailing Address 1001 E NORTH ST

ELDON MO 65026-2634

Telephone (573) 392-3164**Level of Care:** SNF**County** MILLER**Region** 6 Medicare/Medicaid**Alzheimer's Unit**

Yes

Bed Capacity

90

DMH Licensed

No

Facility Number

06139

ELIZABETH HOUSE

12284 DE PAUL DR

BRIDGETON MO 63044-2508

Mailing Address 12284 DE PAUL DR

BRIDGETON MO 63044-2508

Telephone (314) 209-8814**Level of Care:** SNF**County** SAINT LOUIS COUNTY**Region** 7**Alzheimer's Unit**

No

Bed Capacity

54

DMH Licensed

No

Facility Number

22316

ELSBERRY MISSOURI HEALTH CARE CENTER

1827 HIGHWAY B

ELSBERRY MO 63343-3126

Mailing Address 1827 HWY B

ELSBERRY MO 63343-3126

Telephone (573) 898-2880**Level of Care:** SNF**County** LINCOLN**Region** 5 Medicare/Medicaid**Alzheimer's Unit**

No

Bed Capacity

56

DMH Licensed

No

Facility Number

02336

EQUILIBRIUM RANCH

81 PILKENTON LN

CUBA MO 65453-8136

Mailing Address 81 PILKENTON LN

CUBA MO 65453-8136

Telephone (573) 885-6443**Level of Care:** RCF**County** CRAWFORD**Region** 6**Alzheimer's Unit**

No

Bed Capacity

18

DMH Licensed

No

Facility Number

15026

ESSEX BY BRISTOL, THE

301 EAST 3RD

SEDALIA MO 65301-4335

Mailing Address 301 EAST 3RD

SEDALIA MO 65301-4335

Telephone (660) 829-1758**Level of Care:** RCF**County** PETTIS**Region** 6**Alzheimer's Unit**

No

Bed Capacity

24

DMH Licensed

No

Facility Number

23020

ESSEX OF CONCORDIA, THE

402 REDBUD

CONCORDIA MO 64020-8358

Mailing Address 402 REDBUD

CONCORDIA MO 64020-8358

Telephone (660) 463-0200**Level of Care:** RCF**County** LAFAYETTE**Region** 3**Alzheimer's Unit**

No

Bed Capacity

12

DMH Licensed

No

Facility Number

24461

ESSEX OF GRAIN VALLEY, THE

401 SOUTHWEST ROCK CREEK LN

GRAIN VALLEY MO 64029-8460

Mailing Address 401 SOUTHWEST ROCK CREEK LN

GRAIN VALLEY MO 64029-8460

Telephone (816) 443-3992**Level of Care:** RCF**County** JACKSON**Region** 3**Alzheimer's Unit**

No

Bed Capacity

12

DMH Licensed

No

Facility Number

24475

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

ESSEX OF LEBANON, THE

1316 DEADRA DR
 LEBANON MO 65536-4609
Mailing Address 1316 DEADRA DR
 LEBANON MO 65536-4609

Telephone (417) 532-4863 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 12
County LACLEDE **DMH Licensed** No
Region 1 **Facility Number** 24257

ESSEX OF MEXICO, THE

1109 OLD FARM RD WEST
 MEXICO MO 65265-3250
Mailing Address 1109 OLD FARM RD WEST
 MEXICO MO 65265-3250

Telephone (573) 581-5223 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 12
County AUDRAIN **DMH Licensed** No
Region 5 **Facility Number** 24425

ESSEX OF OZARK, THE

5173 NORTH 22ND
 OZARK MO 65721-7637
Mailing Address 5173 NORTH 22ND
 OZARK MO 65721-7637

Telephone (417) 485-4185 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 12
County CHRISTIAN **DMH Licensed** No
Region 1 **Facility Number** 24318

ESTATES OF HIDDEN LAKE THE

11728 HIDDEN LAKE DR
 SAINT LOUIS MO 63138-1757
Mailing Address 11728 HIDDEN LAKE DR
 SAINT LOUIS MO 63138-1757

Telephone (314) 355-8833 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 67
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 18442

ESTATES OF HIDDEN LAKE THE

11728 HIDDEN LAKE DR
 SAINT LOUIS MO 63138-1757
Mailing Address 11728 HIDDEN LAKE DR
 SAINT LOUIS MO 63138-1757

Telephone (314) 355-8833 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 38
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 18442

ESTATES OF HIDDEN LAKE THE

11728 HIDDEN LAKE DR
 SAINT LOUIS MO 63138-1757
Mailing Address 11728 HIDDEN LAKE DR
 SAINT LOUIS MO 63138-1757

Telephone (314) 355-8833 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 38
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 18442

ESTATES OF PERRYVILLE, LLC, THE

430 NORTH WEST ST
 PERRYVILLE MO 63775-1359
Mailing Address 430 NORTH WEST ST
 PERRYVILLE MO 63775-1359

Telephone (573) 547-1011 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 156
County PERRY **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 00137

ESTATES OF SPANISH LAKE, THE

610 PRIGGE ROAD
 SAINT LOUIS MO 63138-3543
Mailing Address 610 PRIGGE ROAD
 SAINT LOUIS MO 63138-3543

Telephone (314) 741-9393 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 150
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 15265

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

ESTATES OF ST LOUIS, LLC, THE

2115 KAPPEL DR
 SAINT LOUIS MO 63136-4115
Mailing Address 2115 KAPPEL DR
 SAINT LOUIS MO 63136-4115

Telephone (314) 867-7474 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 94
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 05340

FAIR VIEW NURSING HOME

1714 WEST 16TH ST
 SEDALIA MO 65301-5273
Mailing Address 1714 WEST 16TH ST
 SEDALIA MO 65301-5273

Telephone (660) 827-1594 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 75
County PETTIS **DMH Licensed** No
Region 6 Medicare/Medicaid Facility Number 02469

FAMILY COUNSELING CENTER INC

18408 WAYNE ROUTE D
 WAPPAPELLO MO 63966-
Mailing Address 18408 WAYNE ROUTE D
 WAPPAPELLO MO 63966-

Telephone (573) 222-8676 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 27
County WAYNE **DMH Licensed** Yes
Region 2 Facility Number 23584

FAMILY PARTNERS HOME LLC

232 CREVE COEUR AVE
 SAINT LOUIS MO 63011-4040
Mailing Address 12882 MANCHESTER RD STE 201
 SAINT LOUIS MO 63131-1803

Telephone (314) 686-4468 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 8
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Facility Number 30492

FAMILY PARTNERS MANCHESTER, LLC

351 FOREST SUMMIT COURT
 MANCHESTER MO 63021-5509
Mailing Address 351 FOREST SUMMIT COURT
 MANCHESTER MO 63021-5509

Telephone (314) 686-4468 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 12
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Facility Number 32473

FARMINGTON MANOR

2879 US HIGHWAY 67
 FARMINGTON MO 63640-9168
Mailing Address 2879 US HWY 67
 FARMINGTON MO 63640-9168

Telephone (573) 756-7566 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 70
County SAINT FRANCOIS **DMH Licensed** Yes
Region 2 Facility Number 15140

FARMINGTON PRESBYTERIAN MANOR

500 CAYCE ST
 FARMINGTON MO 63640-2910
Mailing Address 500 CAYCE ST
 FARMINGTON MO 63640-2910

Telephone (573) 756-6768 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 60
County SAINT FRANCOIS **DMH Licensed** No
Region 2 Facility Number 06181

FARMINGTON PRESBYTERIAN MANOR

500 CAYCE ST
 FARMINGTON MO 63640-2910
Mailing Address 500 CAYCE ST
 FARMINGTON MO 63640-2910

Telephone (573) 756-6768 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 90
County SAINT FRANCOIS **DMH Licensed** No
Region 2 Medicare/Medicaid Facility Number 06181

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

FARMINGTON PRESBYTERIAN MANOR

500 CAYCE ST
 FARMINGTON MO 63640-2910
Mailing Address 500 CAYCE ST
 FARMINGTON MO 63640-2910

Telephone (573) 756-6768
Level of Care: ALF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 06181

FERNDAL, INC

15677 COUNTY RD 2430
 SAINT JAMES MO 65559-8210
Mailing Address 15677 COUNTY RD 2430
 SAINT JAMES MO 65559-8210

Telephone (573) 265-3344
Level of Care: ALF
County PHELPS
Region 6

Alzheimer's Unit No
Bed Capacity 32
DMH Licensed Yes
Facility Number 02526

FESTUS MANOR

627 WESTWOOD DR S
 FESTUS MO 63028-2062
Mailing Address 627 WESTWOOD DR S
 FESTUS MO 63028-2062

Telephone (636) 931-9066
Level of Care: SNF
County JEFFERSON
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 150
DMH Licensed No
Facility Number 02546

FIELD POINTE ASSISTED LIVING BY AMERICARE

5002 GENE FIELD ROAD
 SAINT JOSEPH MO 64506-2056
Mailing Address 5002 GENE FIELD ROAD
 SAINT JOSEPH MO 64506-2056

Telephone (816) 688-4001
Level of Care: ALF**
County BUCHANAN
Region 4

Alzheimer's Unit Yes
Bed Capacity 65
DMH Licensed No
Facility Number 32538

FIESER NURSING CENTER

404 MAIN ST
 FENTON MO 63026-4107
Mailing Address 404 MAIN ST
 FENTON MO 63026-4107

Telephone (636) 343-4344
Level of Care: SNF
County SAINT LOUIS COUNTY
Region 7 **Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 02569

FLORISSANT VALLEY HEALTH & REHABILITATION CENTER

1200 GRAHAM RD
 FLORISSANT MO 63031-8015
Mailing Address 1200 GRAHAM RD
 FLORISSANT MO 63031-8015

Telephone (314) 838-6555
Level of Care: SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 98
DMH Licensed No
Facility Number 00154

FORSYTH CARE CENTER

477 COY BLVD
 FORSYTH MO 65653-5132
Mailing Address PO BOX 640
 FORSYTH MO 65653-0640

Telephone (417) 546-6337
Level of Care: SNF
County TANEY
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 18870

FOUNTAINBLEAU LODGE

2001 NORTH KINGSHIGHWAY
 CAPE GIRARDEAU MO 63701-2193
Mailing Address 2001 NORTH KINGSHIGHWAY
 CAPE GIRARDEAU MO 63701-2193

Telephone (573) 335-1999
Level of Care: SNF
County CAPE GIRARDEAU
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 33
DMH Licensed No
Facility Number 12751

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

FOUNTAINBLEAU LODGE

2001 NORTH KINGSHIGHWAY
 CAPE GIRARDEAU MO 63701-2193
Mailing Address 2001 NORTH KINGSHIGHWAY
 CAPE GIRARDEAU MO 63701-2193

Telephone (573) 335-1999 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 56
County CAPE GIRARDEAU **DMH Licensed** No
Region 2 **Facility Number** 12751

FOUNTAINBLEAU NURSING CENTER

1349 HIGHWAY 61
 FESTUS MO 63028-4107
Mailing Address PO BOX 700
 FESTUS MO 63028-0700

Telephone (636) 937-3500 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 106
County JEFFERSON **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 17080

FOUNTAINS OF WEST COUNTY AL, LLC THE

15822 CLAYTON RD
 ELLISVILLE MO 63011-2240
Mailing Address 15822 CLAYTON RD
 ELLISVILLE MO 63011-2240

Telephone (636) 220-1660 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 80
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 29435

FOUR SEASONS ASSISTED LIVING

230 RAILROAD ST
 MOSCOW MILLS MO 63362-1600
Mailing Address 230 RAILROAD ST
 MOSCOW MILLS MO 63362-1600

Telephone (636) 366-4231 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 30
County LINCOLN **DMH Licensed** Yes
Region 5 **Facility Number** 02624

FOUR SEASONS LIVING CENTER

2800 HIGHWAY TT
 SEDALIA MO 65301-1410
Mailing Address 2800 HIGHWAY TT
 SEDALIA MO 65301-1410

Telephone (660) 826-8803 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 239
County PETTIS **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 00836

FOUR SEASONS RCF I

220 RAILROAD ST
 MOSCOW MILLS MO 63362-1600
Mailing Address 230 RAILROAD ST
 MOSCOW MILLS MO 63362-1600

Telephone (636) 366-4231 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 23
County LINCOLN **DMH Licensed** Yes
Region 5 **Facility Number** 02624

FOXBERY TERRACE - ASSISTED LIVING BY AMERICARE

4316 NORTH ST LOUIS AVE
 WEBB CITY MO 64870-9550
Mailing Address 4316 NORTH ST LOUIS AVE
 WEBB CITY MO 64870-9550

Telephone (417) 625-1000 **Alzheimer's Unit** YES
Level of Care: ALF** **Bed Capacity** 46
County JASPER **DMH Licensed** No
Region 1 **Facility Number** 25428

FOXWOOD SPRINGS LIVING CENTER

1500 WEST FOXWOOD DR
 RAYMORE MO 64083-9347
Mailing Address 1500 WEST FOXWOOD DR
 RAYMORE MO 64083-9347

Telephone (816) 331-3111 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 62
County CASS **DMH Licensed** No
Region 3 **Facility Number** 02649

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

FOXWOOD SPRINGS LIVING CENTER

1500 WEST FOXWOOD DR
 RAYMORE MO 64083-9347
Mailing Address 1500 WEST FOXWOOD DR
 RAYMORE MO 64083-9347

Telephone (816) 331-3111 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 108
County CASS **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 02649

FREDERICK STREET MANOR

429 NORTH FREDERICK STREET
 CAPE GIRARDEAU MO 63701-4834
Mailing Address 429 NORTH FREDERICK STREET
 CAPE GIRARDEAU MO 63701-4834

Telephone (573) 334-0916 **Alzheimer's Unit** No
Level of Care: RCF** **Bed Capacity** 32
County CAPE GIRARDEAU **DMH Licensed** Yes
Region 2 **Facility Number** 02662

FREMONT SENIOR LIVING, THE

1520 EAST BATES ST
 SPRINGFIELD MO 65804-8401
Mailing Address 1520 EAST BATES ST
 SPRINGFIELD MO 65804-8401

Telephone (417) 881-0500 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 72
County GREENE **DMH Licensed** No
Region 1 **Facility Number** 28782

FRIENDSHIP VILLAGE ASSISTED LIVING & MEMORY CARE

12777 POINTE DR
 SAINT LOUIS MO 63127-1757
Mailing Address 12777 POINTE DR
 SAINT LOUIS MO 63127-1757

Telephone (314) 270-7111 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 84
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 02703

FRIENDSHIP VILLAGE ASSISTED LIVING & MEMORY CARE

15250 VILLAGE VIEW DRIVE
 CHESTERFIELD MO 63017-
Mailing Address 15250 VILLAGE VIEW DRIVE
 CHESTERFIELD MO 63017-

Telephone (636) 733-0199 **Alzheimer's Unit** YES
Level of Care: ALF** **Bed Capacity** 66
County SAINT LOUIS COUNTY **DMH Licensed** Yes
Region 7 **Facility Number** 02715

FRIENDSHIP VILLAGE CHESTERFIELD

15250 VILLAGE VIEW DRIVE
 CHESTERFIELD MO 63017-
Mailing Address 15250 VILLAGE VIEW DRIVE
 CHESTERFIELD MO 63017-

Telephone (636) 733-0199 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 90
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 02715

FRIENDSHIP VILLAGE SUNSET HILLS

12651 VILLAGE CIRCLE DR
 SAINT LOUIS MO 63127-1778
Mailing Address 12651 VILLAGE CIRCLE DR
 SAINT LOUIS MO 63127-1778

Telephone (314) 270-7777 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 144
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 02703

FRONTIER HEALTH & REHABILITATION

2840 WEST CLAY ST
 SAINT CHARLES MO 63301-2536
Mailing Address 2840 WEST CLAY ST
 SAINT CHARLES MO 63301-2536

Telephone (636) 946-6100 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 180
County SAINT CHARLES **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 01521

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

FULTON MANOR CARE CENTER

520 MANOR DR
 FULTON MO 65251-2429
Mailing Address 520 MANOR DR
 FULTON MO 65251-2429

Telephone (573) 642-6834 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 52
County CALLAWAY **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 02725

FULTON NURSING & REHAB

1510 BLUFF ST
 FULTON MO 65251-2345
Mailing Address 1510 BLUFF ST
 FULTON MO 65251-2345

Telephone (573) 642-0202 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 100
County CALLAWAY **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 03492

GABLES AT BRADY CIRCLE, LLC THE

11 BRADY CIRCLE
 SAINT LOUIS MO 63114-1110
Mailing Address 11 BRADY CIRCLE
 SAINT LOUIS MO 63114-1110

Telephone (314) 890-2230 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 32
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 30048

GAINESVILLE HEALTH CARE CENTER

77 MEDICAL DR
 GAINESVILLE MO 65655-0628
Mailing Address PO BOX 628
 GAINESVILLE MO 65655-0628

Telephone (417) 679-4921 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 99
County OZARK **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 12868

GAMMA ROAD LODGE

250 E LOCUST
 WELLSVILLE MO 63384-1422
Mailing Address 250 E LOCUST
 WELLSVILLE MO 63384-1422

Telephone (573) 684-2002 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 112
County MONTGOMERY **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 02740

GARDEN PLAZA OF FLORISSANT

1101 GARDEN PLAZA DR
 FLORISSANT MO 63033-2269
Mailing Address 1101 GARDEN PLAZA DR
 FLORISSANT MO 63033-2269

Telephone (314) 831-0988 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 102
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 27826

GARDEN VIEW CARE CENTER

700 GARDEN PATH
 O'FALLON MO 63366-3052
Mailing Address 700 GARDEN PATH
 O'FALLON MO 63366-3052

Telephone (636) 240-2840 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 120
County SAINT CHARLES **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 13963

GARDEN VIEW CARE CENTER AT DOUGHERTY FERRY

13612 BIG BEND RD
 VALLEY PARK MO 63088-1447
Mailing Address 13612 BIG BEND RD
 VALLEY PARK MO 63088-1447

Telephone (636) 861-0500 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 23101

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

GARDEN VIEW CARE CENTER OF CHESTERFIELD

1025 CHESTERFIELD POINTE PRKWY
 CHESTERFIELD MO 63017-1957
Mailing Address 1025 CHESTERFIELD POINTE PRKWY
 CHESTERFIELD MO 63017-1957

Telephone (636) 537-3333 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 130
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 16409

GARDEN VILLAS

13590 SOUTH OUTER 40 RD
 TOWN AND COUNTRY MO 63017-5823
Mailing Address 13590 SOUTH OUTER 40 RD
 TOWN AND COUNTRY MO 63017-5823

Telephone (314) 434-2520 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 46
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Facility Number 28978

GARDEN VILLAS NORTH

4505 PARKER ROAD
 BLACK JACK MO 63033-4268
Mailing Address 4505 PARKER RD
 BLACK JACK MO 63033-4268

Telephone (314) 355-6100 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 90
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Facility Number 28930

GARDEN VILLAS OF O'FALLON

7092 SOUTH OUTER 364 ROAD
 O'FALLON MO 63368-7757
Mailing Address 7092 SOUTH OUTER 364 RD
 O'FALLON MO 63368-7757

Telephone (636) 240-5560 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 95
County SAINT CHARLES **DMH Licensed** No
Region 5 Facility Number 27793

GARDEN VILLAS SOUTH

13457 TESSON FERRY RD
 SAINT LOUIS MO 63128-4010
Mailing Address 13457 TESSON FERRY RD
 SAINT LOUIS MO 63128-4010

Telephone (314) 843-7788 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 83
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Facility Number 28964

GARDENS AT BARRY ROAD, THE

8300 NW BARRY ROAD
 KANSAS CITY MO 64153-1634
Mailing Address 8300 NW BARRY RD
 KANSAS CITY MO 64153-1634

Telephone (816) 584-3200 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 100
County PLATTE **DMH Licensed** No
Region 4 Facility Number 23774

GARDENS AT BARRY ROAD, THE

8300 NW BARRY RD
 KANSAS CITY MO 64153-1634
Mailing Address 8300 NW BARRY RD
 KANSAS CITY MO 64153-1634

Telephone (816) 584-3200 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 40
County PLATTE **DMH Licensed** No
Region 4 Facility Number 23774

GARDENS, THE

1302 WEST SUNSET
 SPRINGFIELD MO 65807-5943
Mailing Address 1302 WEST SUNSET
 SPRINGFIELD MO 65807-5943

Telephone (417) 889-7600 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 148
County GREENE **DMH Licensed** No
Region 1 Facility Number 20288

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

GASCONADE MANOR NURSING HOME

1910 NURSING HOME RD
OWENSVILLE MO 65066-2844
Mailing Address PO BOX 520
OWENSVILLE MO 65066-0520

Telephone (573) 437-4101 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 79
County GASCONADE **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 02804

GASCONADE TERRACE RETIREMENT CENTER

1930 NURSING HOME RD
OWENSVILLE MO 65066-2844
Mailing Address PO BOX 520
OWENSVILLE MO 65066-0520

Telephone (573) 437-4833 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 19
County GASCONADE **DMH Licensed** No
Region 6 **Facility Number** 14143

GENERAL BAPTIST NURSING HOME

17108 US HIGHWAY 62
CAMPBELL MO 63933-6383
Mailing Address 17108 US HWY 62
CAMPBELL MO 63933-6383

Telephone (573) 246-2155 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 90
County DUNKLIN **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 02820

GEORGIA BROWN BLOSSER HOME FOR THE AGED

1210 EAST EASTWOOD ST
MARSHALL MO 65340-1510
Mailing Address 1210 EAST EASTWOOD ST
MARSHALL MO 65340-1510

Telephone (660) 886-5022 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 11
County SALINE **DMH Licensed** No
Region 5 **Facility Number** 00633

GEORGIAN GARDENS CENTER FOR REHAB AND HEALTHCARE

1 GEORGIAN GARDENS DR
POTOSI MO 63664-1436
Mailing Address 1 GEORGIAN GARDENS DR
POTOSI MO 63664-1436

Telephone (573) 438-6261 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 120
County WASHINGTON **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 02830

GIDEON CARE CENTER

300 LUNBECK
GIDEON MO 63848-9211
Mailing Address PO BOX 197
GIDEON MO 63848-0197

Telephone (573) 448-3505 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 72
County NEW MADRID **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 15538

GLASGOW GARDENS

100 AUDSLEY DR
GLASGOW MO 65254-9537
Mailing Address 100 AUDSLEY DR
GLASGOW MO 65254-9537

Telephone (660) 338-2297 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 59
County HOWARD **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 01659

GLENDALE GARDENS NURSING & REHAB

3535 EAST CHEROKEE
SPRINGFIELD MO 65809-2829
Mailing Address 3535 EAST CHEROKEE
SPRINGFIELD MO 65809-2829

Telephone (417) 889-9955 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County GREENE **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 16735

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

GLENFIELD MEMORY CARE

118 OHMES ROAD
 COTTLEVILLE MO 63376-7649
Mailing Address 118 OHMES RD
 COTTLEVILLE MO 63376-7649

Telephone (636) 447-4440
Level of Care: ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit Yes
Bed Capacity 12
DMH Licensed No
Facility Number 30372

GLENWOOD HEALTHCARE

851 THOROUGHFARE
 SEYMOUR MO 65746-8767
Mailing Address 851 THOROUGHFARE
 SEYMOUR MO 65746-8767

Telephone (417) 935-2992
Level of Care: SNF
County WEBSTER
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 60
DMH Licensed No
Facility Number 16944

GOGGIN BOARDING HOME LLC

620 COUNTY ROAD 40
 CALEDONIA MO 63631-9133
Mailing Address 620 COUNTY RD 40
 CALEDONIA MO 63631-9133

Telephone (573) 697-5894
Level of Care: RCF
County IRON
Region 2

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 02937

GOLDEN AGE LIVING CENTER

404 E THIRD ST
 STOVER MO 65078-0947
Mailing Address PO BOX 307
 STOVER MO 65078-0307

Telephone (573) 377-4521
Level of Care: SNF
County MORGAN
Region 6 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 61
DMH Licensed No
Facility Number 02949

GOLDEN AGE NURSING HOME

12498 SE HWY 116
 BRAYMER MO 64624-9107
Mailing Address 12498 SE HWY 116
 BRAYMER MO 64624-9107

Telephone (660) 645-2243
Level of Care: SNF
County CALDWELL
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 83
DMH Licensed No
Facility Number 02957

GOLDEN ESTATE RESIDENTIAL CARE

1134 WEST NORTON RD
 SPRINGFIELD MO 65803-1070
Mailing Address 1134 WEST NORTON RD
 SPRINGFIELD MO 65803-1070

Telephone (417) 833-4440
Level of Care: RCF*
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 31
DMH Licensed Yes
Facility Number 02984

GOLDEN OAKS, LLC

27882 HIGHWAY H
 MARSHALL MO 65340-5303
Mailing Address 27882 HIGHWAY H
 MARSHALL MO 65340-5303

Telephone (660) 886-6172
Level of Care: ALF**
County SALINE
Region 5

Alzheimer's Unit No
Bed Capacity 67
DMH Licensed No
Facility Number 15380

GOLDEN YEARS CENTER FOR REHAB AND HEALTHCARE

2001 JEFFERSON PARKWAY
 HARRISONVILLE MO 64701-3714
Mailing Address 2001 JEFFERSON PARKWAY
 HARRISONVILLE MO 64701-3714

Telephone (816) 380-4731
Level of Care: SNF
County CASS
Region 3 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 132
DMH Licensed No
Facility Number 12458

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

GOOD SAMARITAN CARE CENTER

403 WEST MAIN ST
 COLE CAMP MO 65325-1144
Mailing Address 403 WEST MAIN ST
 COLE CAMP MO 65325-1144

Telephone (660) 668-4515 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 72
County BENTON **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 03039

GOOD SHEPHERD CARE CENTER

1101 WEST CLAY RD
 VERSAILLES MO 65084-1177
Mailing Address 1101 WEST CLAY RD
 VERSAILLES MO 65084-1177

Telephone (573) 378-5411 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County MORGAN **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 21631

GOOD SHEPHERD COMMUNITY CARE AND REHABILITATION

200 WEST 12TH ST
 LOCKWOOD MO 65682-8337
Mailing Address 200 WEST 12TH ST
 LOCKWOOD MO 65682-8337

Telephone (417) 232-4571 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 69
County DADE **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 03051

GOOD SHEPHERD RESIDENTIAL CARE FACILITY

200 WEST 12TH
 LOCKWOOD MO 65682-8337
Mailing Address 200 WEST 12TH
 LOCKWOOD MO 65682-8337

Telephone (417) 232-4571 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 20
County DADE **DMH Licensed** No
Region 1 **Facility Number** 03051

GOWER CONVALESCENT CENTER, INC

323 SOUTH HIGHWAY 169
 GOWER MO 64454-9116
Mailing Address PO BOX 170
 GOWER MO 64454-0170

Telephone (816) 424-6483 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 82
County CLINTON **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 03107

GRAN VILLAS NEOSHO

420 LYON DR
 NEOSHO MO 64850-9194
Mailing Address 420 LYON DR
 NEOSHO MO 64850-9194

Telephone (417) 451-7071 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 30
County NEWTON **DMH Licensed** No
Region 1 **Facility Number** 20156

GRANBY HOUSE

301 SOUTH MAIN
 GRANBY MO 64844-8336
Mailing Address 301 SOUTH MAIN
 GRANBY MO 64844-8336

Telephone (417) 472-6271 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County NEWTON **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 16481

GRAND MANOR NURSING & REHABILITATION CENTER

3645 COOK AVE
 SAINT LOUIS MO 63113-3801
Mailing Address 3645 COOK AVE
 SAINT LOUIS MO 63113-3801

Telephone (314) 531-2352 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 13324

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

GRAND RIVER HEALTH CARE

118 TRENTON RD
 CHILLICOTHE MO 64601-4002
Mailing Address 118 TRENTON RD
 CHILLICOTHE MO 64601-4002

Telephone (660) 646-0353 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County LIVINGSTON **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 16939

GRAND ROYALE, THE

2900 NE KENDALLWOOD PKWY
 GLADSTONE MO 64119-1831
Mailing Address 2900 NE KENDALLWOOD PKWY
 GLADSTONE MO 64119-1831

Telephone (816) 280-4280 **Alzheimer's Unit** NO
Level of Care: ALF** **Bed Capacity** 43
County CLAY **DMH Licensed** No
Region 4 **Facility Number** 03086

GRAND ROYALE, THE

2900 NE KENDALLWOOD PKWY
 GLADSTONE MO 64119-1831
Mailing Address 2900 NE KENDALLWOOD PKWY
 GLADSTONE MO 64119-1831

Telephone (816) 280-4280 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 28
County CLAY **DMH Licensed** No
Region 4 **Medicare** **Facility Number** 03086

GRANDE AT CREVE COEUR THE

450 NORTH LINDBERGH BLVD
 CREVE COEUR MO 63141-7814
Mailing Address 450 NORTH LINDBERGH BLVD
 CREVE COEUR MO 63141-7814

Telephone (314) 628-0004 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 53
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 30479

GRANDE AT LAUMEIER PARK THE

12470 ROTT ROAD
 SUNSET HILLS MO 63127-1247
Mailing Address 12470 ROTT ROAD
 SUNSET HILLS MO 63127-1247

Telephone (314) 462-0222 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 98
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 30466

GRANDVIEW HEALTHCARE CENTER

201 GRAND AVE
 WASHINGTON MO 63090-1209
Mailing Address 201 GRAND AVE
 WASHINGTON MO 63090-1209

Telephone (636) 239-9190 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 102
County FRANKLIN **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 15045

GRANITE HOUSE RCF LLC

321 SOUTH MAIN ST
 IRONTON MO 63650-1406
Mailing Address PO BOX 6
 IRONTON MO 63650-0066

Telephone (573) 546-7283 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 60
County IRON **DMH Licensed** Yes
Region 2 **Facility Number** 04628

GREEN ACRES RESIDENTIAL CARE FACILITY, LLC

3688 SAND CREEK ROAD
 FARMINGTON MO 63640-7350
Mailing Address 3688 SAND CREEK RD
 FARMINGTON MO 63640-7350

Telephone (573) 756-2917 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 12
County SAINT FRANCOIS **DMH Licensed** Yes
Region 2 **Facility Number** 17289

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

GREEN PARK SENIOR LIVING COMMUNITY

9350 GREEN PARK ROAD
 SAINT LOUIS MO 63123-7211
Mailing Address 9350 GREEN PARK RD
 SAINT LOUIS MO 63123-7211

Telephone (314) 845-0900 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 188
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 17565

GREENVILLE HEALTH CARE CENTER

117 SYCAMORE ST
 GREENVILLE MO 63944-0000
Mailing Address PO BOX 108
 GREENVILLE MO 63944-0108

Telephone (573) 224-3298 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County WAYNE **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 15550

GREGORY RIDGE HEALTH CARE CENTER

7001 CLEVELAND AVE
 KANSAS CITY MO 64132-1622
Mailing Address 7001 CLEVELAND AVE
 KANSAS CITY MO 64132-1622

Telephone (816) 333-0700 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 116
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 04109

HAMPTON HOUSE OF MALDEN, INC

201 NORTH DECATUR
 MALDEN MO 63863-2017
Mailing Address 201 N DECATUR
 MALDEN MO 63863-2017

Telephone (573) 276-6054 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 22
County DUNKLIN **DMH Licensed** Yes
Region 2 **Facility Number** 03331

HARAMBEE HOUSE, INC

703 NORTH EIGHTH ST
 COLUMBIA MO 65201-4516
Mailing Address 703 NORTH EIGHTH ST
 COLUMBIA MO 65201-4516

Telephone (573) 443-6972 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 15
County BOONE **DMH Licensed** Yes
Region 6 **Facility Number** 17197

HARBOR PLACE - LINN

24 TRENDAW TRAIL
 LINN MO 65051-2874
Mailing Address 24 TRENDAW TRAIL
 LINN MO 65051-2874

Telephone (573) 897-2100 **Alzheimer's Unit** NO
Level of Care: RCF **Bed Capacity** 24
County OSAGE **DMH Licensed** No
Region 6 **Facility Number** 31116

HARMONY GARDENS - ASSISTED LIVING BY AMERICARE

503 BURKARTH ROAD
 WARRENSBURG MO 64093-3145
Mailing Address 503 BURKARTH RD
 WARRENSBURG MO 64093-3145

Telephone (660) 747-5411 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 44
County JOHNSON **DMH Licensed** No
Region 3 **Facility Number** 18615

HAROLD AND LOUISE ASSISTED LIVING

135 COMMUNICATION DR
 HANNIBAL MO 63401-3670
Mailing Address 135 COMMUNICATION DR
 HANNIBAL MO 63401-3670

Telephone (573) 221-1189 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 98
County MARION **DMH Licensed** Yes
Region 5 **Facility Number** 29639

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

HARRIS HOUSE RESIDENTIAL CARE FACILITY, THE

3859 EAST 59TH TERRACE
 KANSAS CITY MO 64130-4410
Mailing Address 3859 EAST 59TH TERRACE
 KANSAS CITY MO 64130-4410

Telephone (816) 599-5230
Level of Care: RCF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 7
DMH Licensed No
Facility Number 16225

HARRIS RESIDENTIAL CARE CENTER LLC

401 SOUTH HENRY
 FARMINGTON MO 63640-1823
Mailing Address PO BOX 675
 FARMINGTON MO 63640-0675

Telephone (573) 756-5376
Level of Care: RCF*
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 37
DMH Licensed Yes
Facility Number 02256

HARTLAND RESIDENTIAL CARE CENTER

23435 LADDER DR
 MARSHALL MO 65340-4662
Mailing Address 23435 LADDER DR
 MARSHALL MO 65340-4662

Telephone (660) 886-7093
Level of Care: RCF
County SALINE
Region 5

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 15163

HARTMANN VILLAGE - ASSISTED LIVING BY AMERICARE

615 RANKIN MILL LN
 BOONVILLE MO 65233-2873
Mailing Address 615 RANKIN MILL LN
 BOONVILLE MO 65233-2873

Telephone (660) 882-9933
Level of Care: ALF**
County COOPER
Region 6

Alzheimer's Unit No
Bed Capacity 42
DMH Licensed No
Facility Number 26026

HARTON SENIOR LIVING

1054 SOUTH HWY 47
 WARRENTON MO 63383-2625
Mailing Address 1054 SOUTH HWY 47
 WARRENTON MO 63383-2625

Telephone (636) 377-4444
Level of Care: RCF
County WARREN
Region 6

Alzheimer's Unit No
Bed Capacity 36
DMH Licensed No
Facility Number 30144

HARTVILLE CARE CENTER

649 WEST ROLLA ST
 HARTVILLE MO 65667-8221
Mailing Address 649 WEST ROLLA ST
 HARTVILLE MO 65667-8221

Telephone (417) 741-6192
Level of Care: SNF
County WRIGHT
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 17946

HARVESTER RESIDENTIAL CARE

35 LILLIAN DR
 SAINT CHARLES MO 63304-7032
Mailing Address 35 LILLIAN DR
 SAINT CHARLES MO 63304-7032

Telephone (636) 939-3833
Level of Care: RCF*
County SAINT CHARLES
Region 5

Alzheimer's Unit No
Bed Capacity 38
DMH Licensed Yes
Facility Number 03411

HAVEN, THE

614 SOUTH BY-PASS
 KENNETT MO 63857-3240
Mailing Address 612 SOUTH BY-PASS
 KENNETT MO 63857-3240

Telephone (573) 888-1201
Level of Care: RCF*
County DUNKLIN
Region 2

Alzheimer's Unit No
Bed Capacity 64
DMH Licensed Yes
Facility Number 27620

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

HEALTHBRIDGE ST LOUIS

1201 GARDEN PLAZA DR
 FLORISSANT MO 63033-2230
Mailing Address 1201 GARDEN PLAZA DR
 FLORISSANT MO 63033-2230

Telephone (314) 831-3752 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 90
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 27146

HEART OF THE OZARKS HEALTHCARE CENTER

2004 CRESTVIEW ST
 AVA MO 65608-8903
Mailing Address PO BOX 727
 AVA MO 65608-0727

Telephone (417) 683-4129 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County DOUGLAS **DMH Licensed** No
Region 1 Medicare/Medicaid Facility Number 01290

HEARTLAND CARE AND REHABILITATION CENTER

2525 BOUTIN DR
 CAPE GIRARDEAU MO 63701-8551
Mailing Address 2525 BOUTIN DR
 CAPE GIRARDEAU MO 63701-8551

Telephone (573) 334-5225 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 102
County CAPE GIRARDEAU **DMH Licensed** No
Region 2 Medicare/Medicaid Facility Number 01023

HEARTLAND II RCF

117 SOUTH 15TH ST
 SAINT JOSEPH MO 64501-2904
Mailing Address 117 SOUTH 15TH ST
 SAINT JOSEPH MO 64501-2904

Telephone (816) 676-1506 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 52
County BUCHANAN **DMH Licensed** Yes
Region 4 Facility Number 18620

HEARTLAND RESIDENTIAL CARE FACILITY, INC

1311 FRANCIS ST
 SAINT JOSEPH MO 64501-2318
Mailing Address 1311 FRANCIS ST
 SAINT JOSEPH MO 64501-2318

Telephone (816) 233-5779 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 20
County BUCHANAN **DMH Licensed** Yes
Region 4 Facility Number 02491

HEISINGER LUTHERAN HOME

1002 WEST MAIN ST
 JEFFERSON CITY MO 65109-6901
Mailing Address 1002 WEST MAIN ST
 JEFFERSON CITY MO 65109-6901

Telephone (573) 636-6288 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County COLE **DMH Licensed** No
Region 6 Medicare/Medicaid Facility Number 03479

HEISINGER LUTHERAN HOME

1002 WEST MAIN ST
 JEFFERSON CITY MO 65109-6901
Mailing Address 1002 WEST MAIN ST
 JEFFERSON CITY MO 65109-6901

Telephone (573) 636-6288 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 111
County COLE **DMH Licensed** No
Region 6 Facility Number 03479

HENLEY PLACE OF NEOSHO, A SENIOR RESIDENCE BY AMERICARE

1105 VILLAGE RD
 NEOSHO MO 64850-9076
Mailing Address 1105 VILLAGE RD
 NEOSHO MO 64850-9076

Telephone (417) 451-1000 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 50
County NEWTON **DMH Licensed** No
Region 1 Facility Number 20193

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

HERITAGE CARE CENTER

4401 NORTH HANLEY RD
 SAINT LOUIS MO 63134-2710
Mailing Address 4401 NORTH HANLEY RD
 SAINT LOUIS MO 63134-2710

Telephone (314) 521-7471 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 00411

HERITAGE HALL NURSING CENTER

750 EAST HIGHWAY 22
 CENTRALIA MO 65240-1146
Mailing Address 750 EAST HIGHWAY 22
 CENTRALIA MO 65240-1146

Telephone (573) 682-5551 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County BOONE **DMH Licensed** No
Region 6 Medicare/Medicaid Facility Number 03069

HERITAGE HILLS ASSISTED LIVING FACILITY

ROUTE 5, BOX 68
 PATTON MO 63662-9760
Mailing Address PO BOX B
 PATTON MO 63662-0010

Telephone (573) 866-2003 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 24
County BOLLINGER **DMH Licensed** Yes
Region 2 Facility Number 18783

HERITAGE NURSING CENTER - SKILLED NURSING BY AMERICARE

1802 SAINT FRANCIS ST
 KENNETT MO 63857-1568
Mailing Address PO BOX 827
 KENNETT MO 63857-0827

Telephone (573) 888-1044 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 72
County DUNKLIN **DMH Licensed** No
Region 2 Medicare/Medicaid Facility Number 17533

HERITAGE VILLAGE OF GLADSTONE

3000 NORTH EAST 64TH ST
 GLADSTONE MO 64119-1569
Mailing Address 3000 NE 64TH ST
 GLADSTONE MO 64119-1569

Telephone (816) 454-5130 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 60
County CLAY **DMH Licensed** No
Region 4 Facility Number 12510

HERITAGE VILLAGE OF PLATTE CITY

15 WALLINGFORD DR
 PLATTE CITY MO 64079-9604
Mailing Address 15 WALLINGFORD DR
 PLATTE CITY MO 64079-9604

Telephone (816) 858-2182 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 30
County PLATTE **DMH Licensed** No
Region 4 Facility Number 13182

HERMITAGE NURSING & REHAB

18599 FIRST STREET
 HERMITAGE MO 65668-9129
Mailing Address PO BOX 325
 HERMITAGE MO 65668-0325

Telephone (417) 745-2111 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 120
County HICKORY **DMH Licensed** No
Region 1 Medicare/Medicaid Facility Number 10240

HICKORY MANOR

209 HICKORY ST
 LICKING MO 65542-9847
Mailing Address 209 HICKORY ST
 LICKING MO 65542-9847

Telephone (573) 674-2111 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County TEXAS **DMH Licensed** No
Region 1 Medicare/Medicaid Facility Number 07929

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

HIDDEN ACRES ASSISTED LIVING

19235 STATE ROUTE EE
 SAINTE GENEVIEVE MO 63670-8213
Mailing Address 19235 STATE ROUTE EE
 SAINTE GENEVIEVE MO 63670-8213

Telephone (573) 756-8141 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 36
County SAINTE GENEVIEVE **DMH Licensed** Yes
Region 2 **Facility Number** 19721

HIDDEN LAKE CARE CENTER

11400 HIDDEN LAKE DR
 RAYTOWN MO 64133-7409
Mailing Address 11400 HIDDEN LAKE DR
 RAYTOWN MO 64133-7409

Telephone (816) 737-1010 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 112
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 17146

HIDDEN LAKE CARE CENTER

11400 HIDDEN LAKE DR
 RAYTOWN MO 64133-7409
Mailing Address 11400 HIDDEN LAKE DR
 RAYTOWN MO 64133-7409

Telephone (816) 737-1010 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 48
County JACKSON **DMH Licensed** No
Region 3 **Facility Number** 17146

HIGHLAND CREST - ASSISTED LIVING BY AMERICARE

2204 S HALLIBURTON ST
 KIRKSVILLE MO 63501-4651
Mailing Address 2204 S HALLIBURTON ST
 KIRKSVILLE MO 63501-4651

Telephone (660) 627-8004 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 42
County ADAIR **DMH Licensed** No
Region 5 **Facility Number** 16785

HIGHLAND REHABILITATION & HEALTH CARE CENTER

904 EAST 68TH ST
 KANSAS CITY MO 64131-1305
Mailing Address 904 EAST 68TH ST
 KANSAS CITY MO 64131-1305

Telephone (816) 333-5485 **Alzheimer's Unit** NO
Level of Care: SNF **Bed Capacity** 162
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 06782

HILL CREST MANOR

801 SOUTH COLBY
 HAMILTON MO 64644-8287
Mailing Address 801 SOUTH COLBY
 HAMILTON MO 64644-8287

Telephone (816) 583-2119 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 90
County CALDWELL **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 03315

HILL CREST MANOR

801 SOUTH COLBY
 HAMILTON MO 64644-8287
Mailing Address 801 SOUTH COLBY
 HAMILTON MO 64644-8287

Telephone (816) 583-2119 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 24
County CALDWELL **DMH Licensed** No
Region 4 **Facility Number** 03315

HILLCREST CARE CENTER, INC

1108 CLARKE ST
 DE SOTO MO 63020-2706
Mailing Address 1108 CLARKE ST
 DE SOTO MO 63020-2706

Telephone (636) 586-3022 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County JEFFERSON **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 20084

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

HILLCREST RESIDENTIAL CARE, INC

9415 NORTH BROWN STATION RD
 COLUMBIA MO 65202-8671
Mailing Address 9415 NORTH BROWN STATION RD
 COLUMBIA MO 65202-8671

Telephone (573) 696-3201
Level of Care: ALF
County BOONE
Region 6

Alzheimer's Unit No
Bed Capacity 33
DMH Licensed Yes
Facility Number 03572

HILLSIDE CARE CENTER

321 NORTH SECTION
 HANNIBAL MO 63401-3460
Mailing Address PO BOX 308
 HANNIBAL MO 63401-0308

Telephone (573) 221-1439
Level of Care: RCF**
County MARION
Region 5

Alzheimer's Unit No
Bed Capacity 44
DMH Licensed Yes
Facility Number 14879

HILLSIDE LIVING CENTER

10160 RESTORATION CIRCLE ROAD
 MINERAL POINT MO 63660-8538
Mailing Address PO BOX 534
 PARK HILLS MO 63601-0534

Telephone (573) 562-0303
Level of Care: ALF**
County WASHINGTON
Region 2

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed Yes
Facility Number 09270

HILLSIDE REHAB AND HEALTHCARE CENTER

1265 MCLARAN AVE
 SAINT LOUIS MO 63147-1606
Mailing Address 1265 MCLARAN AVE
 SAINT LOUIS MO 63147-1606

Telephone (314) 388-4121
Level of Care: SNF
County SAINT LOUIS CITY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 208
DMH Licensed No
Facility Number 04687

HILLTOP HAVEN RESIDENTIAL CARE FACILITY

18941 CR 305A
 EMINENCE MO 65466-9702
Mailing Address 18941 CR 305A
 EMINENCE MO 65466-9702

Telephone (573) 226-5426
Level of Care: RCF
County SHANNON
Region 2

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 03615

HOLDEN MANOR CARE CENTER

2005 SOUTH LEXINGTON
 HOLDEN MO 64040-1610
Mailing Address 2005 SOUTH LEXINGTON
 HOLDEN MO 64040-1610

Telephone (816) 732-4138
Level of Care: SNF
County JOHNSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 52
DMH Licensed No
Facility Number 08334

HOLIDAY RESIDENTIAL CARE

1019 OLD ST MARY'S RD
 PERRYVILLE MO 63775-1298
Mailing Address 1019 OLD ST MARY'S RD
 PERRYVILLE MO 63775-1298

Telephone (573) 547-7398
Level of Care: RCF*
County PERRY
Region 2

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed No
Facility Number 19872

HOLLY HILLS RETIREMENT HOME

6421 MINNESOTA
 SAINT LOUIS MO 63111-2808
Mailing Address 6421 MINNESOTA
 SAINT LOUIS MO 63111-2808

Telephone (314) 351-0767
Level of Care: RCF*
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 15
DMH Licensed Yes
Facility Number 03678

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

HOMESTEAD AT HICKORY VIEW RETIREMENT COMMUNITY, THE

1481 MARBACH DRIVE
 WASHINGTON MO 63090-4636
Mailing Address 1481 MARBACH DRIVE
 WASHINGTON MO 63090-4636

Telephone (636) 239-1941
Level of Care: ALF
County FRANKLIN
Region 6

Alzheimer's Unit No
Bed Capacity 36
DMH Licensed No
Facility Number 32345

HOPE CARE CENTER

115 EAST 83RD ST
 KANSAS CITY MO 64114-2537
Mailing Address 115 EAST 83RD ST
 KANSAS CITY MO 64114-2537

Telephone (816) 523-3988
Level of Care: SNF
County JACKSON
Region 3 **Medicaid**

Alzheimer's Unit No
Bed Capacity 16
DMH Licensed No
Facility Number 21370

HOPEDALE COTTAGE ASSISTED LIVING THE

1314 W SCHOOL STREET
 OZARK MO 65721-6618
Mailing Address 1314 W SCHOOL STREET
 OZARK MO 65721-6618

Telephone (417) 581-1308
Level of Care: ALF**
County CHRISTIAN
Region 1

Alzheimer's Unit Yes
Bed Capacity 14
DMH Licensed No
Facility Number 30302

HOUSE OF CARE CENTER

3744 BENTON BLVD
 KANSAS CITY MO 64128-2515
Mailing Address 3744 BENTON BLVD
 KANSAS CITY MO 64128-7912

Telephone (816) 921-6852
Level of Care: RCF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 8
DMH Licensed Yes
Facility Number 17001

HOUSTON HOUSE

1000 NORTH INDUSTRIAL DR
 HOUSTON MO 65483-9400
Mailing Address PO BOX 199
 HOUSTON MO 65483-0199

Telephone (417) 967-2527
Level of Care: SNF
County TEXAS
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 96
DMH Licensed No
Facility Number 10626

HUDSON HOUSE

1700-B SOUTH HUDSON AVE
 AURORA MO 65605-2717
Mailing Address 1700-B S HUDSON AVE
 AURORA MO 65605-2717

Telephone (417) 678-2169
Level of Care: RCF*
County LAWRENCE
Region 1

Alzheimer's Unit No
Bed Capacity 41
DMH Licensed No
Facility Number 10444

HUNTER ACRES CARING CENTER

628 NORTH WEST ST
 SIKESTON MO 63801-4738
Mailing Address 628 NORTH WEST ST
 SIKESTON MO 63801-4738

Telephone (573) 471-7130
Level of Care: SNF
County SCOTT
Region 2 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 07345

IGNITE MEDICAL RESORT BLUE SPRINGS

20511 E TRINITY PLACE
 BLUE SPRINGS MO 64015-9501
Mailing Address 20511 E TRINITY PLACE
 BLUE SPRINGS MO 64015-9501

Telephone (816) 622-2900
Level of Care: SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit NO
Bed Capacity 90
DMH Licensed No
Facility Number 32246

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

IGNITE MEDICAL RESORT CARONDELET LLC

621 CARONDELET DR
 KANSAS CITY MO 64114-4670
Mailing Address 621 CARONDELET DR
 KANSAS CITY MO 64114-4670

Telephone (816) 941-1300 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 162
County JACKSON **DMH Licensed** No
Region 3 Medicare/Medicaid Facility Number 12185

IGNITE MEDICAL RESORT KANSAS CITY LLC

2100 NW BARRY ROAD
 KANSAS CITY MO 64154-1000
Mailing Address 2100 NW BARRY ROAD
 KANSAS CITY MO 64154-1000

Telephone (816) 521-6610 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 90
County PLATTE **DMH Licensed** No
Region 4 Medicare/Medicaid Facility Number 31464

IGNITE MEDICAL RESORT ST MARYS LLC

111 MOCK AVE
 BLUE SPRINGS MO 64014-2504
Mailing Address 111 MOCK AVE
 BLUE SPRINGS MO 64014-2504

Telephone (816) 228-5655 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 57
County JACKSON **DMH Licensed** No
Region 3 Facility Number 13219

IGNITE MEDICAL RESORT ST MARYS LLC

111 MOCK AVE
 BLUE SPRINGS MO 64014-2504
Mailing Address 111 MOCK AVE
 BLUE SPRINGS MO 64014-2504

Telephone (816) 228-5655 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 130
County JACKSON **DMH Licensed** No
Region 3 Medicare/Medicaid Facility Number 13219

INDEPENDENCE CARE CENTER OF PERRY COUNTY

800 SOUTH KINGSHIGHWAY
 PERRYVILLE MO 63775-2106
Mailing Address 800 SOUTH KINGSHWY
 PERRYVILLE MO 63775-2106

Telephone (573) 547-6546 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 133
County PERRY **DMH Licensed** No
Region 2 Medicare/Medicaid Facility Number 06393

INDEPENDENCE COURT

121 INDEPENDENCE DR
 PERRYVILLE MO 63775-1496
Mailing Address 121 INDEPENDENCE DR
 PERRYVILLE MO 63775-1496

Telephone (573) 547-1499 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 75
County PERRY **DMH Licensed** No
Region 2 Facility Number 06393

INDEPENDENCE MANOR CARE CENTER

1600 SOUTH KINGS HIGHWAY
 INDEPENDENCE MO 64055-1853
Mailing Address 1600 SOUTH KINGS HIGHWAY
 INDEPENDENCE MO 64055-1853

Telephone (816) 833-4777 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 99
County JACKSON **DMH Licensed** No
Region 3 Medicare/Medicaid Facility Number 03807

INDEPENDENCE SQUARE RESIDENTIAL CARE CENTER

1136 SOUTH MAIN ST
 PERRYVILLE MO 63775-8802
Mailing Address 1136 S MAIN ST
 PERRYVILLE MO 63775-8802

Telephone (573) 547-8600 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 20
County PERRY **DMH Licensed** No
Region 2 Facility Number 14309

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

J & J RESIDENTIAL CARE FACILITY II

104 WESBECHER
 MARBLE HILL MO 63764-0378
Mailing Address PO BOX 378
 MARBLE HILL MO 63764-0378

Telephone (573) 238-4602
Level of Care: RCF*
County BOLLINGER
Region 2

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 07171

JACKSON MANOR NURSING HOME

710 BROADRIDGE DR
 JACKSON MO 63755-3042
Mailing Address 710 BROADRIDGE DR
 JACKSON MO 63755-3042

Telephone (573) 243-3101
Level of Care: SNF
County CAPE GIRARDEAU
Region 2 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 03438

JACOBS CARE CENTER, LLC

932 WEST STATE
 SPRINGFIELD MO 65806-2846
Mailing Address 932 WEST STATE
 SPRINGFIELD MO 65806-2846

Telephone (417) 865-6140
Level of Care: RCF
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 06229

JAMES RIVER NURSING AND REHABILITATION

3550 EAST BATTLEFIELD
 SPRINGFIELD MO 65809-3400
Mailing Address 3550 EAST BATTLEFIELD
 SPRINGFIELD MO 65809-3400

Telephone (417) 889-9500
Level of Care: SNF
County GREENE
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 17645

JANE HOWELL STUPP APARTMENTS

2443 PROUHET AVE
 OVERLAND MO 63114-1946
Mailing Address 2443 PROUHET AVE
 OVERLAND MO 63114-1946

Telephone (314) 890-7100
Level of Care: RCF*
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 30
DMH Licensed Yes
Facility Number 18369

JEANNE JUGAN CENTER

8745 JAMES A REED ROAD
 KANSAS CITY MO 64138-4414
Mailing Address 8745 JAMES A REED RD
 KANSAS CITY MO 64138-4414

Telephone (816) 761-4744
Level of Care: RCF*
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 24
DMH Licensed No
Facility Number 12724

JEANNE JUGAN CENTER

8745 JAMES A REED ROAD
 KANSAS CITY MO 64138-4414
Mailing Address 8745 JAMES A REED RD
 KANSAS CITY MO 64138-4414

Telephone (816) 761-4744
Level of Care: ICF
County JACKSON
Region 3 **Medicaid**

Alzheimer's Unit No
Bed Capacity 26
DMH Licensed No
Facility Number 12724

JEANNE JUGAN CENTER

8745 JAMES A REED ROAD
 KANSAS CITY MO 64138-4414
Mailing Address 8745 JAMES A REED RD
 KANSAS CITY MO 64138-4414

Telephone (816) 761-4744
Level of Care: SNF
County JACKSON
Region 3 **Medicaid**

Alzheimer's Unit No
Bed Capacity 26
DMH Licensed No
Facility Number 12724

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

JEFFERSON CITY MANOR CARE CENTER

1720 VIETH DR
 JEFFERSON CITY MO 65109-2522
Mailing Address 1720 VIETH DR
 JEFFERSON CITY MO 65109-2522

Telephone (573) 635-6193 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 102
County COLE **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 03870

JEFFERSON CITY NURSING AND REHABILITATION CENTER, LLC

1221 SOUTHGATE LN
 JEFFERSON CITY MO 65109-2465
Mailing Address PO BOX 104118
 JEFFERSON CITY MO 65110-4118

Telephone (573) 635-3131 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 120
County COLE **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 01865

JEFFERSON GARDENS - ASSISTED LIVING BY AMERICARE

509 WEST ROGERS ST
 CLINTON MO 64735-2548
Mailing Address 509 WEST ROGERS ST
 CLINTON MO 64735-2548

Telephone (660) 885-9770 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 42
County HENRY **DMH Licensed** No
Region 1 **Facility Number** 20603

JEFFERSON HEALTH CARE

615 SW OLDHAM PARKWAY
 LEE'S SUMMIT MO 64081-2602
Mailing Address 615 SW OLDHAM PKWY
 LEE'S SUMMIT MO 64081-2602

Telephone (816) 524-3328 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 04415

JEFFERSON MANOR CAPE GIRARDEAU LLC

902 JEFFERSON AVE
 CAPE GIRARDEAU MO 63703-6755
Mailing Address 902 JEFFERSON AVE
 CAPE GIRARDEAU MO 63703-6755

Telephone (573) 651-1373 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 10
County CAPE GIRARDEAU **DMH Licensed** Yes
Region 2 **Facility Number** 05445

JOE CLARK RESIDENTIAL CARE HOME

1495 EAST ASHLAND ST
 NEVADA MO 64772-4016
Mailing Address PO BOX 246
 NEVADA MO 64772-0246

Telephone (417) 667-5000 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 34
County VERNON **DMH Licensed** No
Region 1 **Facility Number** 23419

JOHN KNOX VILLAGE CARE CENTER

600 NW PRYOR ROAD
 LEE'S SUMMIT MO 64081-1104
Mailing Address 600 NW PRYOR RD
 LEE'S SUMMIT MO 64081-1104

Telephone (816) 246-4343 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 430
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 14529

JOHNSON COUNTY CARE CENTER

122 EAST MARKET ST
 WARRENSBURG MO 64093-1818
Mailing Address 122 EAST MARKET ST
 WARRENSBURG MO 64093-1818

Telephone (660) 747-8101 **Alzheimer's Unit** No
Level of Care: ICF **Bed Capacity** 87
County JOHNSON **DMH Licensed** No
Region 3 **Medicaid** **Facility Number** 05309

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

JOLET HOME

3920 FOREST
 KANSAS CITY MO 64110-1220
Mailing Address 3920 FOREST
 KANSAS CITY MO 64110-1220

Telephone (816) 531-5308
Level of Care: RCF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 17
DMH Licensed Yes
Facility Number 03982

JONES' WILDWOOD CARE CENTER

12806 HWY 151
 MADISON MO 65263-3114
Mailing Address PO BOX 69
 MADISON MO 65263-0069

Telephone (660) 291-8636
Level of Care: RCF
County MONROE
Region 5

Alzheimer's Unit No
Bed Capacity 32
DMH Licensed Yes
Facility Number 08573

JOPLIN GARDENS

2810 SOUTH JACKSON AVE
 JOPLIN MO 64804-2524
Mailing Address 2810 SOUTH JACKSON AVE
 JOPLIN MO 64804-2524

Telephone (417) 572-0041
Level of Care: SNF
County JASPER
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 92
DMH Licensed No
Facility Number 01373

JOPLIN HEALTH AND REHABILITATION CENTER

2218 WEST 32ND ST
 JOPLIN MO 64804-3514
Mailing Address 2218 WEST 32ND ST
 JOPLIN MO 64804-3514

Telephone (417) 623-5264
Level of Care: SNF
County NEWTON
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 12583

JORDAN CREEK NURSING & REHAB

910 SOUTH WEST AVE
 SPRINGFIELD MO 65802-4950
Mailing Address 910 SOUTH WEST AVE
 SPRINGFIELD MO 65802-4950

TEMPORARY CLOSURE - STAFFING
Telephone (417) 865-8741
Level of Care: SNF
County GREENE
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 03245

JOY ADULT CARE CENTER

614 SOUTH MAIN
 CLINTON MO 64735-2620
Mailing Address PO BOX 8
 CLINTON MO 64735-0008

Telephone (660) 885-8328
Level of Care: RCF*
County HENRY
Region 1

Alzheimer's Unit No
Bed Capacity 42
DMH Licensed Yes
Facility Number 07268

JOY ASSISTED LIVING FOR SENIORS

2030 W MOUNT VERNON ST
 SPRINGFIELD MO 65802-4846
Mailing Address PO BOX 9655
 SPRINGFIELD MO 65801-9655

Telephone (417) 864-8805
Level of Care: ALF
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 74
DMH Licensed Yes
Facility Number 19668

KABUL NURSING HOMES, INC

1000 MAIN ST
 CABOOL MO 65689-9125
Mailing Address 1000 MAIN ST
 CABOOL MO 65689-9125

Telephone (417) 962-3713
Level of Care: SNF
County TEXAS
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 99
DMH Licensed No
Facility Number 04085

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

KASEY PAIGE ASSISTED LIVING

3715 JAMIESON AVE
 SAINT LOUIS MO 63109-1109
Mailing Address 3715 JAMIESON AVE
 SAINT LOUIS MO 63109-1109

Telephone (314) 781-0222
Level of Care: ALF
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 111
DMH Licensed Yes
Facility Number 04650

KATY MANOR

205 PROSPECT
 PILOT GROVE MO 65276-1111
Mailing Address PO BOX 8
 PILOT GROVE MO 65276-0008

Telephone (660) 834-3111
Level of Care: SNF
County COOPER
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 14982

KEATON CENTER

120 N MILL ST
 FESTUS MO 63028-1816
Mailing Address 120 N MILL ST
 FESTUS MO 63028-1816

Telephone (636) 232-2323
Level of Care: ALF
County JEFFERSON
Region 2

Alzheimer's Unit No
Bed Capacity 16
DMH Licensed Yes
Facility Number 20413

KIDWELL HOME

1000 KIDWELL DR
 VERSAILLES MO 65084-1177
Mailing Address 1000 KIDWELL DR
 VERSAILLES MO 65084-1177

Telephone (573) 378-5175
Level of Care: RCF*
County MORGAN
Region 6

Alzheimer's Unit No
Bed Capacity 44
DMH Licensed No
Facility Number 21631

KINGDOM CARE SENIOR LIVING LLC

811 CENTER ST
 FULTON MO 65251-1922
Mailing Address 811 CENTER ST
 FULTON MO 65251-1922

Telephone (573) 642-6646
Level of Care: ALF
County CALLAWAY
Region 6

Alzheimer's Unit No
Bed Capacity 41
DMH Licensed No
Facility Number 18735

KINGDOM CARE SENIOR LIVING LLC

811 CENTER ST
 FULTON MO 65251-1922
Mailing Address 811 CENTER ST
 FULTON MO 65251-1922

Telephone (573) 642-6646
Level of Care: SNF
County CALLAWAY
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 36
DMH Licensed No
Facility Number 18735

KING'S DAUGHTERS HOME, THE

620 WEST BOULEVARD ST
 MEXICO MO 65265-2199
Mailing Address 620 WEST BOULEVARD ST
 MEXICO MO 65265-2199

Telephone (573) 581-1577
Level of Care: ICF
County AUDRAIN
Region 5

Alzheimer's Unit No
Bed Capacity 33
DMH Licensed No
Facility Number 04146

KING'S DAUGHTERS HOME, THE

620 WEST BOULEVARD ST
 MEXICO MO 65265-2199
Mailing Address 620 WEST BOULEVARD ST
 MEXICO MO 65265-2199

Telephone (573) 581-1577
Level of Care: RCF*
County AUDRAIN
Region 5

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 04146

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

KINGSLAND WALK SENIOR LIVING

868 KINGSLAND AVENUE
 UNIVERSITY CITY MO 63130-
Mailing Address 868 KINGSLAND AVENUE
 UNIVERSITY CITY MO 63130-

Telephone (314) 955-6884 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 70
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 32203

KINGSWOOD

10000 WORNALL RD
 KANSAS CITY MO 64114-4359
Mailing Address 10000 WORNALL RD
 KANSAS CITY MO 64114-4359

Telephone (816) 942-0994 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 86
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 04152

KINGSWOOD

10000 WORNALL RD
 KANSAS CITY MO 64114-4359
Mailing Address 10000 WORNALL RD
 KANSAS CITY MO 64114-4359

Telephone (816) 942-0994 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 67
County JACKSON **DMH Licensed** Yes
Region 3 **Facility Number** 04152

KIRKSVILLE MANOR CARE CENTER

1705 EAST LAHARPE
 KIRKSVILLE MO 63501-3927
Mailing Address 1705 EAST LAHARPE
 KIRKSVILLE MO 63501-3927

Telephone (660) 665-3774 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 132
County ADAIR **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 04161

KNOX COUNTY NURSING HOME DISTRICT

55774 STATE HIGHWAY 6
 EDINA MO 63537-4253
Mailing Address 55774 STATE HIGHWAY 6
 EDINA MO 63537-4253

Telephone (660) 397-2282 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County KNOX **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 04173

LA BELLE MANOR CARE CENTER

1002 CENTRAL
 LA BELLE MO 63447-2092
Mailing Address 1002 CENTRAL
 LA BELLE MO 63447-2092

Telephone (660) 213-3234 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 94
County LEWIS **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 04212

LA BONNE MAISON-ASSISTED LIVING BY AMERICARE

226 PLAZA DR
 SIKESTON MO 63801-5105
Mailing Address 226 PLAZA DR
 SIKESTON MO 63801-5105

Telephone (573) 472-2546 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 30
County SCOTT **DMH Licensed** No
Region 2 **Facility Number** 28804

LA PLATA NURSING HOME

100 OLD STAGECOACH RD
 LA PLATA MO 63549-1362
Mailing Address 100 OLD STAGECOACH RD
 LA PLATA MO 63549-1362

Telephone (660) 332-4315 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 52
County MACON **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 04395

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

LACLEDE COMMONS

727 S LACLEDE STATION RD
 SAINT LOUIS MO 63119-4911
Mailing Address 727 S LACLEDE STATION RD
 SAINT LOUIS MO 63119-4911

Telephone (314) 968-5570 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 242
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 17713

LACOBIA HOMES, INC

850 HIGHWAY 60
 MONETT MO 65708-9376
Mailing Address PO BOX 885
 MONETT MO 65708-0885

Telephone (417) 235-7895 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 79
County BARRY **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 04315

LAKE GEORGE ASSISTED LIVING

5000 EAST RICHLAND ROAD
 COLUMBIA MO 65201-9606
Mailing Address 5000 EAST RICHLAND RD
 COLUMBIA MO 65201-9606

Telephone (573) 442-0577 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 10
County BOONE **DMH Licensed** No
Region 6 **Facility Number** 28997

LAKE PARKE SENIOR LIVING

145 4TH ST
 CAMDENTON MO 65020-7138
Mailing Address 145 4TH ST
 CAMDENTON MO 65020-7138

Telephone (573) 745-0874 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 48
County CAMDEN **DMH Licensed** No
Region 6 **Facility Number** 30084

LAKE ST CHARLES ASSISTED LIVING APARTMENTS

45 HONEY LOCUST LN
 SAINT CHARLES MO 63303-5711
Mailing Address 45 HONEY LOCUST LN
 SAINT CHARLES MO 63303-5711

Telephone (636) 947-1100 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 50
County SAINT CHARLES **DMH Licensed** No
Region 5 **Facility Number** 18030

LAKE STOCKTON HEALTHCARE FACILITY

1523 3RD ROAD
 STOCKTON MO 65785-9608
Mailing Address PO BOX 945
 STOCKTON MO 65785-0945

Telephone (417) 276-5126 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 90
County CEDAR **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 07680

LAKESHORES RESIDENTIAL CARE FACILITY

102 SOUTH BOLIVAR RD
 HUMANSVILLE MO 65674-8553
Mailing Address PO BOX 221
 HUMANSVILLE MO 65674-0221

Telephone (417) 754-2272 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 30
County POLK **DMH Licensed** Yes
Region 1 **Facility Number** 15309

LAKESIDE MANOR

810 KENNEDY DRIVE
 WARSAW MO 65355-3044
Mailing Address PO BOX 280
 WARSAW MO 65355-0280

Telephone (660) 438-8850 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 35
County BENTON **DMH Licensed** Yes
Region 6 **Facility Number** 05970

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

LAKESIDE MOUNTAIN MANOR

238 HARMONY HEIGHTS
 FORSYTH MO 65653-5533
Mailing Address 238 HARMONY HEIGHTS
 FORSYTH MO 65653-5533

Telephone (417) 546-5595
Level of Care: RCF
County TANEY
Region 1

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed Yes
Facility Number 06232

LAKESIDE SUITES

205 TIMBERLINE DR
 LINCOLN MO 65338-2007
Mailing Address 205 TIMBERLINE DR
 LINCOLN MO 65338-2007

Telephone (660) 547-3322
Level of Care: ALF
County BENTON
Region 6

Alzheimer's Unit No
Bed Capacity 14
DMH Licensed No
Facility Number 04803

LAKEVIEW HEALTH CARE & REHABILITATION CENTER

1450 ASHLEY RD
 BOONVILLE MO 65233-2141
Mailing Address 1450 ASHLEY RD
 BOONVILLE MO 65233-2141

Telephone (660) 882-7007
Level of Care: ICF
County COOPER
Region 6 **Medicaid**

Alzheimer's Unit No
Bed Capacity 19
DMH Licensed No
Facility Number 01602

LAKEVIEW HEALTH CARE & REHABILITATION CENTER

1450 ASHLEY RD
 BOONVILLE MO 65233-2141
Mailing Address 1450 ASHLEY RD
 BOONVILLE MO 65233-2141

Telephone (660) 882-7007
Level of Care: SNF
County COOPER
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 01602

LAKEVIEW HEALTH CARE & REHABILITATION CENTER

1450 ASHLEY RD
 BOONVILLE MO 65233-2141
Mailing Address 1450 ASHLEY RD
 BOONVILLE MO 65233-2141

Telephone (660) 882-7007
Level of Care: RCF*
County COOPER
Region 6

Alzheimer's Unit No
Bed Capacity 17
DMH Licensed No
Facility Number 01602

LAKEWOOD - ASSISTED LIVING BY AMERICARE

4685 ROBBERTSON AVE
 SPRINGFIELD MO 65810-1785
Mailing Address 4685 ROBBERTSON AVE
 SPRINGFIELD MO 65810-1785

Telephone (417) 881-1411
Level of Care: ALF**
County GREENE
Region 1

Alzheimer's Unit Yes
Bed Capacity 67
DMH Licensed No
Facility Number 23613

LAMPLIGHT VILLAGE

309 LOCUST ST
 WEST PLAINS MO 65775-3906
Mailing Address PO BOX 166
 WEST PLAINS MO 65775-0166

Telephone (417) 256-2749
Level of Care: RCF*
County HOWELL
Region 1

Alzheimer's Unit No
Bed Capacity 32
DMH Licensed Yes
Facility Number 21563

LANDING OF O'FALLON, THE

1000 LANDING CIRCLE
 SAINT CHARLES MO 63304-7647
Mailing Address 1000 LANDING CIRCLE
 SAINT CHARLES MO 63304-7647

Telephone (636) 669-0780
Level of Care: ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit Yes
Bed Capacity 142
DMH Licensed No
Facility Number 31181

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

LANDMARK VILLA ALF

1101 OZARK AVE
 CABOOL MO 65689-7362
Mailing Address 1101 OZARK AVE
 CABOOL MO 65689-7362

Telephone (417) 962-3700 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 44
County TEXAS **DMH Licensed** Yes
Region 1 **Facility Number** 04085

LANSDOWNE VILLAGE

4624 LANSDOWNE AVE
 SAINT LOUIS MO 63116-1523
Mailing Address 4624 LANSDOWNE AVE
 SAINT LOUIS MO 63116-1523

Telephone (314) 351-6888 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 145
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 14557

LAURIE CARE CENTER

610 HWY O
 LAURIE MO 65038-1068
Mailing Address PO BOX 1068
 LAURIE MO 65038-1068

Telephone (573) 374-8263 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 108
County MORGAN **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 04449

LAURIE KNOLLS

610 HIGHWAY O
 LAURIE MO 65038-1068
Mailing Address PO BOX 1068
 LAURIE MO 65038-1068

Telephone (573) 374-8263 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 66
County MORGAN **DMH Licensed** No
Region 6 **Facility Number** 04449

LAVERNA SENIOR LIVING

904 HALL AVE
 SAVANNAH MO 64485-1952
Mailing Address 904 HALL AVE
 SAVANNAH MO 64485-1952

Telephone (816) 324-3185 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 120
County ANDREW **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 04478

LAWRENCE COUNTY MANOR

915 CARL ALLEN ST
 MT VERNON MO 65712-1612
Mailing Address 915 CARL ALLEN ST
 MT VERNON MO 65712-1612

Telephone (417) 466-2183 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 90
County LAWRENCE **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 04349

LAWRENCE COUNTY RESIDENTIAL CARE CENTER

915 CARL ALLEN ST
 MT VERNON MO 65712-1612
Mailing Address 915 CARL ALLEN ST
 MT VERNON MO 65712-1612

Telephone (417) 466-2183 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 30
County LAWRENCE **DMH Licensed** No
Region 1 **Facility Number** 04349

LAWSON MANOR & REHAB

210 WEST 8TH TERRACE
 LAWSON MO 64062-9357
Mailing Address 210 WEST 8TH TERRACE
 LAWSON MO 64062-9357

Telephone (816) 580-3269 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 60
County RAY **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 07395

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

LEBANON NORTH NURSING & REHAB

596 MORTON RD
 LEBANON MO 65536-3648
Mailing Address 596 MORTON RD
 LEBANON MO 65536-3648

Telephone (417) 532-9173 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 180
County LACLEDE **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 04369

LEBANON SOUTH NURSING & REHAB

514 WEST FREMONT RD
 LEBANON MO 65536-4244
Mailing Address 514 WEST FREMONT ROAD
 LEBANON MO 65536-4244

Telephone (417) 532-5351 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 68
County LACLEDE **DMH Licensed** No
Region 1 **Facility Number** 15650

LEBANON SOUTH NURSING & REHAB

514 WEST FREMONT ROAD
 LEBANON MO 65536-4244
Mailing Address 514 WEST FREMONT ROAD
 LEBANON MO 65536-4244

Telephone (417) 532-5351 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 116
County LACLEDE **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 15650

LEE HOUSE SENIOR LIVING LLC

105 NORTH MILL ST
 ELDON MO 65026-1728
Mailing Address 105 NORTH MILL ST
 ELDON MO 65026-1728

Telephone (573) 392-5558 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 53
County MILLER **DMH Licensed** No
Region 6 **Facility Number** 13089

LEE'S SUMMIT POINTE HEALTH & REHABILITATION

1501 SW 3RD ST
 LEE'S SUMMIT MO 64081-2424
Mailing Address 1501 SW 3RD ST
 LEE'S SUMMIT MO 64081-2424

Telephone (816) 525-6300 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 12484

LEGENDARY NURSING & REHABILITATION LLC

809 EAST GORDON ST
 MARSHALL MO 65340-2811
Mailing Address 809 EAST GORDON ST
 MARSHALL MO 65340-2811

Telephone (660) 886-2247 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 92
County SALINE **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 04895

LEISURE LIVING

305 5TH ST
 MONETT MO 65708-2312
Mailing Address 305 5TH ST
 MONETT MO 65708-2312

Telephone (417) 235-5959 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 20
County BARRY **DMH Licensed** Yes
Region 1 **Facility Number** 18227

LENOIR HEALTH CARE CENTER

3850 CARTWRIGHT LANE
 COLUMBIA MO 65201-
Mailing Address 3850 CARTWRIGHT LANE
 COLUMBIA MO 65201-

Telephone (573) 876-5800 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 100
County BOONE **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 04750

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

LENOIR MANOR

3850 CARTWRIGHT LANE
 COLUMBIA MO 65201-
Mailing Address 3850 CARTWRIGHT LANE
 COLUMBIA MO 65201-

Telephone (573) 876-5800
Level of Care: ALF**
County BOONE
Region 6

Alzheimer's Unit Yes
Bed Capacity 92
DMH Licensed No
Facility Number 04750

LEONA HOUSE

5000 NW OLD TRAIL ROAD
 KANSAS CITY MO 64151-1946
Mailing Address 5000 NW OLD TRAIL RD
 KANSAS CITY MO 64151-1946

Telephone (816) 584-1033
Level of Care: ALF**
County PLATTE
Region 4

Alzheimer's Unit Yes
Bed Capacity 7
DMH Licensed No
Facility Number 24748

LEVERING REGIONAL HEALTH CARE CENTER

1734 MARKET ST
 HANNIBAL MO 63401-4025
Mailing Address 1734 MARKET ST
 HANNIBAL MO 63401-4025

Telephone (573) 221-2930
Level of Care: SNF
County MARION
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 179
DMH Licensed No
Facility Number 15954

LEVERING REGIONAL HEALTH CARE CENTER

1734 MARKET ST
 HANNIBAL MO 63401-4025
Mailing Address 1734 MARKET ST
 HANNIBAL MO 63401-4025

Telephone (573) 221-2930
Level of Care: RCF*
County MARION
Region 5

Alzheimer's Unit No
Bed Capacity 35
DMH Licensed Yes
Facility Number 15954

LEWIS & CLARK GARDENS

1221 BOONES LICK RD
 SAINT CHARLES MO 63301-2328
Mailing Address 1221 BOONES LICK RD
 SAINT CHARLES MO 63301-2328

Telephone (636) 946-6140
Level of Care: SNF
County SAINT CHARLES
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 142
DMH Licensed No
Facility Number 01266

LEWIS COUNTY NURSING HOME DISTRICT

17528 STATE HIGHWAY 81 N
 CANTON MO 63435-3463
Mailing Address PO BOX 266
 CANTON MO 63435-0266

Telephone (573) 288-4454
Level of Care: SNF
County LEWIS
Region 5 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 04790

LIBERTY HEALTH & WELLNESS

2201 GLENN HENDREN DR
 LIBERTY MO 64068-3375
Mailing Address 2201 GLENN HENDREN DR
 LIBERTY MO 64068-3375

Telephone (816) 736-8800
Level of Care: SNF
County CLAY
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 143
DMH Licensed No
Facility Number 16715

LICKING RESIDENTIAL CARE

225 WEST HIGHWAY 32
 LICKING MO 65542-9832
Mailing Address 225 WEST HIGHWAY 32
 LICKING MO 65542-9832

Telephone (573) 674-2207
Level of Care: RCF*
County TEXAS
Region 1

Alzheimer's Unit No
Bed Capacity 34
DMH Licensed No
Facility Number 24302

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

LIFE CARE CENTER OF BRIDGETON

12145 BRIDGETON SQUARE DR
 BRIDGETON MO 63044-2616
Mailing Address 12145 BRIDGETON SQUARE DR
 BRIDGETON MO 63044-2616

Telephone (314) 298-7444 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 91
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 12141

LIFE CARE CENTER OF BROOKFIELD

315 HUNT ST
 BROOKFIELD MO 64628-2412
Mailing Address 315 HUNT ST
 BROOKFIELD MO 64628-2412

Telephone (660) 258-3367 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 120
County LINN **DMH Licensed** No
Region 5 Medicare/Medicaid Facility Number 00822

LIFE CARE CENTER OF CAPE GIRARDEAU

365 SOUTH BROADVIEW ST
 CAPE GIRARDEAU MO 63703-5725
Mailing Address 365 SOUTH BROADVIEW ST
 CAPE GIRARDEAU MO 63703-5725

Telephone (573) 335-2086 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County CAPE GIRARDEAU **DMH Licensed** No
Region 2 Medicare/Medicaid Facility Number 01032

LIFE CARE CENTER OF CARROLLTON

300 LIFE CARE LN
 CARROLLTON MO 64633-1861
Mailing Address 300 LIFE CARE LN
 CARROLLTON MO 64633-1861

Telephone (660) 542-0155 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 120
County CARROLL **DMH Licensed** No
Region 4 Medicare/Medicaid Facility Number 11500

LIFE CARE CENTER OF GRANDVIEW

6301 EAST 125TH ST
 GRANDVIEW MO 64030-1884
Mailing Address 6301 EAST 125TH ST
 GRANDVIEW MO 64030-1884

Telephone (816) 765-7714 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 172
County JACKSON **DMH Licensed** No
Region 3 Medicare/Medicaid Facility Number 11929

LIFE CARE CENTER OF ST LOUIS

3520 CHOUTEAU AVE
 SAINT LOUIS MO 63103-2916
Mailing Address 3520 CHOUTEAU AVE
 SAINT LOUIS MO 63103-2916

Telephone (314) 771-2100 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 100
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 19823

LIFE CARE CENTER OF SULLIVAN

875 DUNSFORD DR
 SULLIVAN MO 63080-1238
Mailing Address 875 DUNSFORD DR
 SULLIVAN MO 63080-1238

Telephone (573) 468-3128 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County FRANKLIN **DMH Licensed** No
Region 6 Medicare/Medicaid Facility Number 07744

LIFE CARE CENTER OF WAYNESVILLE

700 BIRCH LN
 WAYNESVILLE MO 65583-2275
Mailing Address 700 BIRCH LN
 WAYNESVILLE MO 65583-2275

Telephone (573) 774-6456 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 120
County PULASKI **DMH Licensed** No
Region 6 Medicare/Medicaid Facility Number 04592

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

LIFE ENHANCEMENT VILLAGE OF THE OZARKS INC

732 SOUTH GREGG ROAD

NIXA MO 65714-7419

Mailing Address 732 SOUTH GREGG RD

NIXA MO 65714-7419

Telephone (417) 725-6680**Level of Care:** RCF***County** CHRISTIAN**Region** 1**Alzheimer's Unit**

No

Bed Capacity

44

DMH Licensed

Yes

Facility Number

14190

LINCOLN COMMUNITY CARE CENTER

205 TIMBERLINE DR

LINCOLN MO 65338-2007

Mailing Address 205 TIMBERLINE DR

LINCOLN MO 65338-2007

Telephone (660) 547-3322**Level of Care:** SNF**County** BENTON**Region** 6 **Medicare/Medicaid****Alzheimer's Unit**

No

Bed Capacity

66

DMH Licensed

No

Facility Number

04803

LINCOLN COUNTY NURSING & REHAB

1145 EAST CHERRY ST

TROY MO 63379-1520

Mailing Address PO BOX 130

TROY MO 63379-0130

Telephone (636) 528-5712**Level of Care:** SNF**County** LINCOLN**Region** 5 **Medicare/Medicaid****Alzheimer's Unit**

No

Bed Capacity

90

DMH Licensed

No

Facility Number

15750

LINDELL MANOR

4336 LINDELL BLVD

SAINT LOUIS MO 63108-2702

Mailing Address PO BOX 525

CUBA MO 65453-

Telephone (314) 652-4828**Level of Care:** RCF***County** SAINT LOUIS CITY**Region** 7**Alzheimer's Unit**

No

Bed Capacity

24

DMH Licensed

Yes

Facility Number

10470

LINDEN WOODS VILLAGE

2901 NE 72ND STREET

GLADSTONE MO 64119-7400

Mailing Address 2901 NE 72ND STREET

GLADSTONE MO 64119-7400

Telephone (816) 268-4000**Level of Care:** ALF****County** CLAY**Region** 4**Alzheimer's Unit**

No

Bed Capacity

40

DMH Licensed

No

Facility Number

30156

LINDEN WOODS VILLAGE

2901 NE 72ND STREET

GLADSTONE MO 64119-7400

Mailing Address 2901 NE 72ND STREET

GLADSTONE MO 64119-7400

Telephone (816) 268-4000**Level of Care:** SNF**County** CLAY**Region** 4 **Medicare/Medicaid****Alzheimer's Unit**

No

Bed Capacity

40

DMH Licensed

No

Facility Number

30156

LINN OAK REHABILITATION CENTER

196 HIGHWAY CC

LINN MO 65051-3500

Mailing Address 196 HIGHWAY CC

LINN MO 65051-3500

Telephone (573) 897-0700**Level of Care:** SNF**County** OSAGE**Region** 6 **Medicare/Medicaid****Alzheimer's Unit**

no

Bed Capacity

132

DMH Licensed

No

Facility Number

14130

LIVING CENTER, THE

2506 LINDEN TREE PARKWAY

MARSHALL MO 65340-0017

Mailing Address PO BOX 370

MARSHALL MO 65340-0370

Telephone (660) 886-9676**Level of Care:** SNF**County** SALINE**Region** 5 **Medicare/Medicaid****Alzheimer's Unit**

Yes

Bed Capacity

99

DMH Licensed

No

Facility Number

21791

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

LIVING COMMUNITY OF ST JOSEPH

1202 HEARTLAND RD
 SAINT JOSEPH MO 64506-3200
Mailing Address 1202 HEARTLAND RD
 SAINT JOSEPH MO 64506-3200

Telephone (816) 671-8500
Level of Care: ALF
County BUCHANAN
Region 4

Alzheimer's Unit No
Bed Capacity 35
DMH Licensed No
Facility Number 24179

LIVING COMMUNITY OF ST JOSEPH

1202 HEARTLAND RD
 SAINT JOSEPH MO 64506-3200
Mailing Address 1202 HEARTLAND RD
 SAINT JOSEPH MO 64506-3200

Telephone (816) 671-8500
Level of Care: SNF
County BUCHANAN
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 96
DMH Licensed No
Facility Number 24179

LIVINGSTON MANOR CARE CENTER

939 E BIRCH DR
 CHILLICOTHE MO 64601-2189
Mailing Address 939 E BIRCH DR
 CHILLICOTHE MO 64601-2189

Telephone (660) 646-5177
Level of Care: SNF
County LIVINGSTON
Region 4 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 94
DMH Licensed No
Facility Number 20099

LOCH HAVEN

701 SUNSET HILLS DR
 MACON MO 63552-2165
Mailing Address PO BOX 187
 MACON MO 63552-0187

Telephone (660) 385-3113
Level of Care: SNF
County MACON
Region 5 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 160
DMH Licensed No
Facility Number 04739

LOCH HAVEN

701 SUNSET HILLS DR
 MACON MO 63552-2165
Mailing Address PO BOX 187
 MACON MO 63552-0187

Telephone (660) 385-3113
Level of Care: RCF*
County MACON
Region 5

Alzheimer's Unit No
Bed Capacity 26
DMH Licensed No
Facility Number 04739

LODGE RESIDENTIAL CARE FACILITY, THE

3860 EAST 60TH ST
 KANSAS CITY MO 64130-4418
Mailing Address 3860 EAST 60TH ST
 KANSAS CITY MO 64130-4418

Telephone (816) 599-5235
Level of Care: RCF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 8
DMH Licensed No
Facility Number 16211

LODGE, THE

542 STATE ROAD DD
 FAYETTE MO 65248-9658
Mailing Address 542 STATE RD DD
 FAYETTE MO 65248-9658

Telephone (660) 248-2277
Level of Care: ALF**
County HOWARD
Region 5

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed Yes
Facility Number 28815

LODGES, THE

2401 W GRAND ST
 SPRINGFIELD MO 65802-4967
Mailing Address 2401 W GRAND ST
 SPRINGFIELD MO 65802-4967

Telephone (417) 864-4545
Level of Care: RCF*
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 99
DMH Licensed Yes
Facility Number 09756

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

LOVING ARMS MEMORY CARE AND ASSISTED LIVING

1300 EAST 24TH ST
 SEDALIA MO 65301-8233
Mailing Address 1300 EAST 24TH STREET
 SEDALIA MO 65301-8233

Telephone (660) 851-2266 **Alzheimer's Unit** yes
Level of Care: ALF** **Bed Capacity** 20
County PETTIS **DMH Licensed** No
Region 6 **Facility Number** 15971

LUTHER MANOR RETIREMENT & NURSING CENTER

3170 HIGHWAY 61 NORTH
 HANNIBAL MO 63401-6571
Mailing Address 3170 HWY 61 NORTH
 HANNIBAL MO 63401-6571

Telephone (573) 221-5533 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 64
County MARION **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 04673

LUTHERAN CONVALESCENT HOME

723 SOUTH LACLEDE STATION RD
 WEBSTER GROVES MO 63119-4911
Mailing Address 723 SOUTH LACLEDE STATION RD
 WEBSTER GROVES MO 63119-4911

Telephone (314) 968-5570 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 286
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 04695

LUTHERAN GOOD SHEPHERD HOME

202 S WEST ST
 CONCORDIA MO 64020-9643
Mailing Address PO BOX 849
 CONCORDIA MO 64020-0849

Telephone (660) 463-2267 **Alzheimer's Unit** No
Level of Care: ICF **Bed Capacity** 36
County LAFAYETTE **DMH Licensed** No
Region 3 **Facility Number** 27122

LUTHERAN GOOD SHEPHERD HOME

202 S WEST ST
 CONCORDIA MO 64020-9643
Mailing Address PO BOX 849
 CONCORDIA MO 64020-0849

Telephone (660) 463-2267 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 53
County LAFAYETTE **DMH Licensed** No
Region 3 **Facility Number** 27122

LUTHERAN HOME ASSISTED LIVING

2825 BLOOMFIELD RD
 CAPE GIRARDEAU MO 63703-6335
Mailing Address 2825 BLOOMFIELD RD
 CAPE GIRARDEAU MO 63703-6335

Telephone (573) 335-0158 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 115
County CAPE GIRARDEAU **DMH Licensed** No
Region 2 **Facility Number** 13536

LUTHERAN HOME, THE

2825 BLOOMFIELD RD
 CAPE GIRARDEAU MO 63703-6335
Mailing Address 2825 BLOOMFIELD RD
 CAPE GIRARDEAU MO 63703-6335

Telephone (573) 335-0158 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 274
County CAPE GIRARDEAU **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 13536

LUTHERAN NURSING HOME

202 S WEST ST
 CONCORDIA MO 64020-9643
Mailing Address PO BOX 849
 CONCORDIA MO 64020-0849

Telephone (660) 463-2267 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 113
County LAFAYETTE **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 04705

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

LUTHERAN SENIOR SERVICES AT BREEZE PARK

600 BREEZE PARK DR
 SAINT CHARLES MO 63304-9139
Mailing Address 600 BREEZE PARK DR
 SAINT CHARLES MO 63304-9139

Telephone (636) 939-5223 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 81
County SAINT CHARLES **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 20704

LUTHERAN SENIOR SERVICES AT BREEZE PARK

600 BREEZE PARK DR
 SAINT CHARLES MO 63304-9139
Mailing Address 600 BREEZE PARK DR
 SAINT CHARLES MO 63304-9139

Telephone (636) 939-5223 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 56
County SAINT CHARLES **DMH Licensed** No
Region 5 **Facility Number** 20704

LUTHERAN SENIOR SERVICES AT BREEZE PARK

600 BREEZE PARK DR
 SAINT CHARLES MO 63304-9139
Mailing Address 600 BREEZE PARK DR
 SAINT CHARLES MO 63304-9139

Telephone (636) 939-5223 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 23
County SAINT CHARLES **DMH Licensed** No
Region 5 **Facility Number** 20704

LUTHERAN SENIOR SERVICES AT MERAMEC BLUFFS

50 MERAMEC TRAIL DR
 BALLWIN MO 63021-3303
Mailing Address 50 MERAMEC TRAIL DR
 BALLWIN MO 63021-3303

Telephone (636) 861-0600 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 100
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 23643

LUTHERAN SENIOR SERVICES AT MERAMEC BLUFFS

50 MERAMEC TRAIL DR
 BALLWIN MO 63021-3303
Mailing Address 50 MERAMEC TRAIL DR
 BALLWIN MO 63021-3303

Telephone (636) 861-0600 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 128
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 23643

LYNN'S HERITAGE HOUSE, INC

800 KELLY LN
 LOUISIANA MO 63353-2415
Mailing Address 800 KELLY LN
 LOUISIANA MO 63353-2415

Telephone (573) 754-4020 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 44
County PIKE **DMH Licensed** No
Region 5 **Facility Number** 21055

MACON HEALTH CARE CENTER

29612 KELLOGG AVE
 MACON MO 63552-3702
Mailing Address PO BOX 465
 MACON MO 63552-0465

Telephone (660) 385-5797 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 120
County MACON **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 04914

MADISON SENIOR LIVING THE

14001 MADISON AVENUE
 KANSAS CITY MO 64145-1613
Mailing Address 14001 MADISON AVENUE
 KANSAS CITY MO 64145-1613

Telephone 816-627-1726 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 66
County JACKSON **DMH Licensed** No
Region 3 **Facility Number** 32321

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

MAGNOLIA HOUSE

204 GRAND AVE
 FESTUS MO 63028-1842
Mailing Address 204 GRAND AVE
 FESTUS MO 63028-1842

Telephone (636) 933-0662 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 12
County JEFFERSON **DMH Licensed** Yes
Region 2 **Facility Number** 13697

MAGNOLIA SQUARE NURSING AND REHAB

1502 WEST EDGEWOOD
 SPRINGFIELD MO 65807-3567
Mailing Address 1502 WEST EDGEWOOD
 SPRINGFIELD MO 65807-3567

Telephone (417) 877-7545 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County GREENE **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 23400

MANOR AT ELFINDALE, THE

1707 WEST ELFINDALE ST
 SPRINGFIELD MO 65807-1246
Mailing Address 1707 WEST ELFINDALE ST
 SPRINGFIELD MO 65807-1246

Telephone (417) 831-2273 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 100
County GREENE **DMH Licensed** No
Region 1 **Medicare** **Facility Number** 17371

MANOR GROVE, INCORPORATED

711 SOUTH KIRKWOOD RD
 KIRKWOOD MO 63122-5928
Mailing Address 711 SOUTH KIRKWOOD RD
 KIRKWOOD MO 63122-5928

Telephone (314) 965-0864 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 117
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 06038

MANOR, THE

2071 BARRON RD
 POPLAR BLUFF MO 63901-1903
Mailing Address 2071 BARRON RD
 POPLAR BLUFF MO 63901-1903

Telephone (573) 686-1147 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 90
County BUTLER **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 00683

MAPLE CREST MANOR

430 NORTH FREDERICK STREET
 CAPE GIRARDEAU MO 63701-4835
Mailing Address 430 NORTH FREDERICK STREET
 CAPE GIRARDEAU MO 63701-4835

Telephone (573) 339-7606 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 48
County CAPE GIRARDEAU **DMH Licensed** Yes
Region 2 **Facility Number** 03628

MAPLE GROVE LODGE

2407 KENTUCKY ST
 LOUISIANA MO 63353-2503
Mailing Address 2407 KENTUCKY ST
 LOUISIANA MO 63353-2503

Telephone (573) 754-5456 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 90
County PIKE **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 05002

MAPLE LAWN NURSING HOME

1410 WEST LINE ST
 PALMYRA MO 63461-1831
Mailing Address PO BOX 232
 PALMYRA MO 63461-0232

Telephone (573) 769-2213 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 110
County MARION **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 09961

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

MAPLE RIDGE RESIDENTIAL CARE CENTER LLC

1034 DORIS DR
 FARMINGTON MO 63640-1954
Mailing Address PO BOX 272
 FARMINGTON MO 63640-0272

Telephone (573) 760-0155
Level of Care: RCF**
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 19808

MAPLE SENIOR LIVING LLC

3 SOUTHWEST FIRST LANE
 LAMAR MO 64759-8313
Mailing Address 3 SOUTHWEST FIRST LANE
 LAMAR MO 64759-8313

Telephone (417) 682-6184
Level of Care: RCF**
County BARTON
Region 1

Alzheimer's Unit No
Bed Capacity 57
DMH Licensed No
Facility Number 20869

MAPLE TREE TERRACE - ASSISTED LIVING BY AMERICARE

2510 CLINTON ST
 CARTHAGE MO 64836-3427
Mailing Address 2510 CLINTON ST
 CARTHAGE MO 64836-3427

Telephone (417) 358-7201
Level of Care: ALF**
County JASPER
Region 1

Alzheimer's Unit No
Bed Capacity 50
DMH Licensed No
Facility Number 17660

MAPLEBROOK-ASSISTED LIVING BY AMERICARE

520 MAPLE VALLEY DR
 FARMINGTON MO 63640-1981
Mailing Address 520 MAPLE VALLEY DR
 FARMINGTON MO 63640-1981

Telephone (573) 756-2777
Level of Care: ALF**
County SAINT FRANCOIS
Region 2

Alzheimer's Unit Yes
Bed Capacity 61
DMH Licensed No
Facility Number 28635

MAPLES HEALTH AND REHABILITATION, THE

610 WEST SUNSET ST
 SPRINGFIELD MO 65807-3696
Mailing Address 610 WEST SUNSET ST
 SPRINGFIELD MO 65807-3696

Telephone (417) 891-1700
Level of Care: SNF
County GREENE
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 06441

MAPLEWOOD, INC

1827 CRADER DR
 JEFFERSON CITY MO 65109-2005
Mailing Address 1827 CRADER DR
 JEFFERSON CITY MO 65109-2005

Telephone (573) 635-0023
Level of Care: ALF**
County COLE
Region 6

Alzheimer's Unit No
Bed Capacity 24
DMH Licensed Yes
Facility Number 16964

MAPLEWOOD, INC

1827 CRADER DR
 JEFFERSON CITY MO 65109-2005
Mailing Address 1827 CRADER DR
 JEFFERSON CITY MO 65109-2005

Telephone (573) 635-0023
Level of Care: ALF
County COLE
Region 6

Alzheimer's Unit No
Bed Capacity 13
DMH Licensed Yes
Facility Number 16964

MARANATHA VILLAGE, INC

233 EAST NORTON RD
 SPRINGFIELD MO 65803-3633
Mailing Address 233 EAST NORTON RD
 SPRINGFIELD MO 65803-3633

Telephone (417) 833-0016
Level of Care: RCF
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 29
DMH Licensed No
Facility Number 04907

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

MARANATHA VILLAGE, INC

233 EAST NORTON RD
 SPRINGFIELD MO 65803-3633
Mailing Address 233 EAST NORTON RD
 SPRINGFIELD MO 65803-3633

Telephone (417) 833-0016 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County GREENE **DMH Licensed** No
Region 1 Medicare/Medicaid Facility Number 04907

MARI DE VILLA RETIREMENT CENTER, INC

13900 CLAYTON RD
 TOWN AND COUNTRY MO 63017-8406
Mailing Address 13900 CLAYTON RD
 TOWN AND COUNTRY MO 63017-8406

Telephone (636) 227-5347 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 224
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Facility Number 05047

MARIAN CLIFF RESIDENTIAL CARE CENTER LLC

381 ELM ST
 SAINT MARY MO 63673-9330
Mailing Address PO BOX 272
 FARMINGTON MO 63640-0272

Telephone (573) 543-2218 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 66
County SAINTE GENEVIEVE **DMH Licensed** Yes
Region 2 Facility Number 05058

MARIES MANOR

174 BALLPARK RD
 VIENNA MO 65582-8043
Mailing Address 174 BALLPARK RD
 VIENNA MO 65582-8043

Telephone (573) 422-3177 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 98
County MARIES **DMH Licensed** No
Region 6 Medicare/Medicaid Facility Number 10491

MARK TWAIN ASSISTED LIVING, INC

901 UNION AVE
 MOBERLY MO 65270-2456
Mailing Address 901 UNION AVE
 MOBERLY MO 65270-2456

Telephone (660) 263-6515 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 42
County RANDOLPH **DMH Licensed** No
Region 5 Facility Number 16369

MARK TWAIN CARING CENTER

3001 MAY ST
 POPLAR BLUFF MO 63901-1942
Mailing Address 3001 MAY ST
 POPLAR BLUFF MO 63901-1942

Telephone (573) 686-6999 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 120
County BUTLER **DMH Licensed** No
Region 2 Medicare/Medicaid Facility Number 16013

MARK TWAIN MANOR

11988 MARK TWAIN LN
 BRIDGETON MO 63044-2825
Mailing Address 11988 MARK TWAIN LN
 BRIDGETON MO 63044-2825

Telephone (314) 291-8240 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 08188

MARSHFIELD CARE CENTER FOR REHAB AND HEALTHCARE

800 SOUTH WHITE OAK
 MARSHFIELD MO 65706-2231
Mailing Address 800 SOUTH WHITE OAK
 MARSHFIELD MO 65706-2231

Telephone (417) 859-3701 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 74
County WEBSTER **DMH Licensed** No
Region 1 Medicare/Medicaid Facility Number 18481

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

MARSHFIELD PLACE, LLC

820 SOUTH WHITE OAK ST
 MARSHFIELD MO 65706-2231
Mailing Address 820 SOUTH WHITE OAK ST
 MARSHFIELD MO 65706-2231

Telephone (417) 859-3462
Level of Care: RCF*
County WEBSTER
Region 1

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed Yes
Facility Number 20500

MARY CULVER HOME, THE

221 WEST WASHINGTON AVE
 KIRKWOOD MO 63122-3916
Mailing Address 221 W WASHINGTON AVE
 KIRKWOOD MO 63122-3916

Telephone (314) 966-6034
Level of Care: ICF
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 28
DMH Licensed No
Facility Number 00592

MARY RYDER HOME

4361 OLIVE ST
 SAINT LOUIS MO 63108-2621
Mailing Address 4361 OLIVE ST
 SAINT LOUIS MO 63108-2621

Telephone (314) 531-2981
Level of Care: RCF*
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 80
DMH Licensed Yes
Facility Number 20972

MARY, QUEEN AND MOTHER CENTER

7601 WATSON RD
 SHREWSBURY MO 63119-5001
Mailing Address 7601 WATSON RD
 SHREWSBURY MO 63119-5001

Telephone (314) 961-8000
Level of Care: SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit NO
Bed Capacity 230
DMH Licensed No
Facility Number 05103

MARYMOUNT MANOR

313 AUGUSTINE RD
 EUREKA MO 63025-1935
Mailing Address PO BOX 600
 EUREKA MO 63025-0600

Telephone (636) 938-6770
Level of Care: SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 174
DMH Licensed No
Facility Number 05117

MARYMOUNT MANOR

313 AUGUSTINE RD
 EUREKA MO 63025-1935
Mailing Address PO BOX 600
 EUREKA MO 63025-0600

Telephone (636) 938-6770
Level of Care: RCF*
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 100
DMH Licensed Yes
Facility Number 05117

MARY'S RANCH, INC

ROUTE 2, BOX 2790
 MARBLE HILL MO 63764-9510
Mailing Address PO BOX 589
 MARBLE HILL MO 63764-0589

Telephone (573) 238-4253
Level of Care: RCF*
County BOLLINGER
Region 2

Alzheimer's Unit No
Bed Capacity 32
DMH Licensed Yes
Facility Number 08707

MARYVILLE CHATEAU

1101 E 5TH STREET
 MARYVILLE MO 64468-1955
Mailing Address 1101 E 5TH STREET
 MARYVILLE MO 64468-1955

Telephone (660) 582-7447
Level of Care: RCF
County NODAWAY
Region 4

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed No
Facility Number 05149

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

MARYVILLE LIVING CENTER

524 NORTH LAURA
 MARYVILLE MO 64468-1955
Mailing Address 524 NORTH LAURA
 MARYVILLE MO 64468-1955

Telephone (660) 582-7447 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 105
County NODAWAY **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 05149

MASON POINTE CARE CENTER

13190 SOUTH OUTER 40 RD
 CHESTERFIELD MO 63017-5917
Mailing Address 13190 SOUTH OUTER 40 RD
 CHESTERFIELD MO 63017-5917

Telephone (314) 434-3300 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 62
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 03957

MASON POINTE CARE CENTER

13190 SOUTH OUTER 40 RD
 CHESTERFIELD MO 63017-5917
Mailing Address 13190 SOUTH OUTER 40 RD
 CHESTERFIELD MO 63017-5917

Telephone (314) 434-3300 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 256
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 03957

MATTIS POINTE - ASSISTED LIVING BY AMERICARE

4962 MATTIS ROAD
 SAINT LOUIS MO 63128-2795
Mailing Address 4962 MATTIS ROAD
 SAINT LOUIS MO 63128-2795

Telephone (314) 328-4084 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 30805

MAYWOOD MANOR

1041 WEST TRUMAN RD
 INDEPENDENCE MO 64050-3447
Mailing Address 1041 WEST TRUMAN RD
 INDEPENDENCE MO 64050-3447

Telephone (816) 254-6789 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 24
County JACKSON **DMH Licensed** Yes
Region 3 **Facility Number** 03948

MAYWOOD TERRACE LIVING CENTER

10300 EAST TRUMAN RD
 INDEPENDENCE MO 64052-2258
Mailing Address 10300 EAST TRUMAN RD
 INDEPENDENCE MO 64052-2258

Telephone (816) 836-1250 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 89
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 08673

MCCLAY SENIOR CARE

3801 MCCLAY ROAD
 SAINT PETERS MO 63376-7327
Mailing Address 3801 MCCLAY ROAD
 SAINT PETERS MO 63376-7327

Telephone (636) 244-3323 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County SAINT CHARLES **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 29933

MCCRITTE PLAZA AT BRIARCLIFF ASSISTED LIVING

1201 NW TULLISON RD
 KANSAS CITY MO 64116-2639
Mailing Address 1201 NW TULLISON RD
 KANSAS CITY MO 64116-2639

Telephone (816) 888-7930 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 164
County CLAY **DMH Licensed** No
Region 4 **Facility Number** 29084

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

MCCRITE PLAZA AT BRIARCLIFF SKILLED FACILITY

1301 TULLISON ROAD
 KANSAS CITY MO 64116-2640
Mailing Address 1201 NW TULLISON ROAD
 KANSAS CITY MO 64116-2639

Telephone (816) 888-7930
Level of Care: SNF
County CLAY
Region 4 **Medicare**

Alzheimer's Unit No
Bed Capacity 56
DMH Licensed No
Facility Number 29084

MCDONALD BOARDING HOME

438 NORTH 17TH ST
 SAINT JOSEPH MO 64501-2015
Mailing Address 438 NORTH 17TH ST
 SAINT JOSEPH MO 64501-2015

Telephone (816) 233-7060
Level of Care: RCF
County BUCHANAN
Region 4

Alzheimer's Unit No
Bed Capacity 8
DMH Licensed Yes
Facility Number 05170

MCDONALD COUNTY LIVING CENTER

1000 PATTERSON ST
 ANDERSON MO 64831-7327
Mailing Address 1000 PATTERSON ST
 ANDERSON MO 64831-7327

Telephone (417) 845-3351
Level of Care: SNF
County MCDONALD
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 96
DMH Licensed No
Facility Number 05183

MCKNIGHT PLACE ASSISTED LIVING AND MEMORY CARE

THREE MCKNIGHT PL
 SAINT LOUIS MO 63124-1900
Mailing Address THREE MCKNIGHT PL
 SAINT LOUIS MO 63124-1900

Telephone (314) 997-5333
Level of Care: ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 23542

MCKNIGHT PLACE ASSISTED LIVING AND MEMORY CARE

THREE MCKNIGHT PLACE
 SAINT LOUIS MO 63124-1900
Mailing Address THREE MCKNIGHT PLACE
 SAINT LOUIS MO 63124-1900

Telephone (314) 993-3333
Level of Care: SNF
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 55
DMH Licensed No
Facility Number 23542

MCKNIGHT PLACE EXTENDED CARE

TWO MCKNIGHT PL
 SAINT LOUIS MO 63124-1900
Mailing Address TWO MCKNIGHT PL
 SAINT LOUIS MO 63124-1900

Telephone (314) 993-2221
Level of Care: SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare**

Alzheimer's Unit No
Bed Capacity 70
DMH Licensed No
Facility Number 18914

MCLARNEY MANOR

215 EAST PRATT
 BROOKFIELD MO 64628-1300
Mailing Address PO BOX 129
 BROOKFIELD MO 64628-0129

Telephone (660) 258-7402
Level of Care: SNF
County LINN
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 05220

MEADOW RIDGE SENIOR LIVING

521 MEADOW RIDGE LN
 MOBERLY MO 65270-4550
Mailing Address 521 MEADOW RIDGE LANE
 MOBERLY MO 65270-4550

Telephone (660) 263-0550
Level of Care: ALF**
County RANDOLPH
Region 5

Alzheimer's Unit No
Bed Capacity 57
DMH Licensed No
Facility Number 28019

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

MEADOW VIEW HEALTH & REHABILITATION

2203 EAST MECHANIC ST
HARRISONVILLE MO 64701-2060
Mailing Address 2203 EAST MECHANIC ST
HARRISONVILLE MO 64701-2060

Telephone (816) 380-2622 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 120
County CASS **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 00968

MEADOWBROOK RESIDENTIAL CARE, INC

806 WEST MULBERRY
PILOT KNOB MO 63663-
Mailing Address PO BOX 510
PILOT KNOB MO 63663-0510

Telephone (573) 546-7065 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 36
County IRON **DMH Licensed** No
Region 2 **Facility Number** 20513

MEADOWVIEW MEMORY CARE

555 WOODLAND VILLAS LANE
ARNOLD MO 63010-2011
Mailing Address 555 WOODLAND VILLAS LANE
ARNOLD MO 63010-2011

Telephone (636) 296-1400 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 24
County JEFFERSON **DMH Licensed** No
Region 2 **Facility Number** 12549

MEDICALODGES BUTLER

103 EAST NURSERY
BUTLER MO 64730-2331
Mailing Address 103 EAST NURSERY
BUTLER MO 64730-2331

Telephone (660) 679-3179 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 110
County BATES **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 05319

MEDICALODGES NEOSHO

400 LYON DR
NEOSHO MO 64850-9194
Mailing Address 400 LYON DR
NEOSHO MO 64850-9194

Telephone (417) 451-2544 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 114
County NEWTON **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 05383

MEDICALODGES NEVADA

1210 W ASHLAND ST
NEVADA MO 64772-1906
Mailing Address 1210 W ASHLAND ST
NEVADA MO 64772-1906

Telephone (417) 667-5064 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 100
County VERNON **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 05717

MELODY HOUSE

3031 SOUTH TEN MILE DR
JEFFERSON CITY MO 65109-6816
Mailing Address 3031 S TEN MILE DR
JEFFERSON CITY MO 65109-6816

Telephone (573) 893-7228 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 15
County COLE **DMH Licensed** Yes
Region 6 **Facility Number** 14376

MERAMEC NURSING CENTER

940 MATTOX DR
SULLIVAN MO 63080-2364
Mailing Address 940 MATTOX DR
SULLIVAN MO 63080-2364

Telephone (573) 468-7733 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County CRAWFORD **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 18277

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

MEYER CARE CENTER

1201 WEST 19TH ST
 HIGGINSVILLE MO 64037-1458
Mailing Address 1201 WEST 19TH ST
 HIGGINSVILLE MO 64037-1458

Telephone (660) 584-4224 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 56
County LAFAYETTE **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 05326

MEYER CARE CENTER

1201 WEST 19TH ST
 HIGGINSVILLE MO 64037-1458
Mailing Address 1201 WEST 19TH ST
 HIGGINSVILLE MO 64037-1458

Telephone (660) 584-4224 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 39
County LAFAYETTE **DMH Licensed** No
Region 3 **Facility Number** 05326

MILAN HEALTH CARE CENTER

52435 INFIRMARY RD
 MILAN MO 63556-2874
Mailing Address 52435 INFIRMARY RD
 MILAN MO 63556-2874

Telephone (660) 265-4032 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 100
County SULLIVAN **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 05418

MILL CREEK VILLAGE-ASSISTED LIVING BY AMERICARE

1990 W SOUTHAMPTON DR
 COLUMBIA MO 65203-6238
Mailing Address 1990 W SOUTHAMPTON DR
 COLUMBIA MO 65203-6238

Telephone (573) 381-2510 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 50
County BOONE **DMH Licensed** No
Region 6 **Facility Number** 30107

MILLER COUNTY CARE AND REHABILITATION CENTER

1157 HIGHWAY 17
 TUSCUMBIA MO 65082-2100
Mailing Address 1157 HWY 17
 TUSCUMBIA MO 65082-2100

Telephone (573) 369-2318 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 86
County MILLER **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 05422

MILLER RESIDENT CARE, INC

210 ROCK RD
 PARIS MO 65275-1282
Mailing Address 210 ROCK RD
 PARIS MO 65275-1282

Telephone (660) 327-5680 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 40
County MONROE **DMH Licensed** No
Region 5 **Facility Number** 18026

MINER NURSING CENTER

410 H ROAD
 SIKESTON MO 63801-5350
Mailing Address PO BOX 430
 SIKESTON MO 63801-0430

TEMPORARY CLOSURE - STAFFING
Telephone (573) 471-7683 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 70
County SCOTT **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 11496

MINGO RESIDENTIAL CARE OF PUXICO LLC

24080 STATE HWY 51
 PUXICO MO 63960-8114
Mailing Address 24080 STATE HWY 51
 PUXICO MO 63960-8114

Telephone (573) 222-3086 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 36
County STODDARD **DMH Licensed** Yes
Region 2 **Facility Number** 24959

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

MOCKINGBIRD MANOR RESIDENTIAL CARE

227 W FRANKLIN
 LIBERTY MO 64068-1641
Mailing Address PO BOX 121
 LIBERTY MO 64069-0121

Telephone (816) 781-8058 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 16
County CLAY **DMH Licensed** Yes
Region 4 **Facility Number** 05450

MONITEAU CARE CENTER

200 SOUTH GERHART
 CALIFORNIA MO 65018-2433
Mailing Address 200 S GERHART
 CALIFORNIA MO 65018-2433

TEMPORARY CLOSURE - STAFFING

Telephone (573) 796-3822 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County MONITEAU **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 20884

MONROE CITY MANOR CARE CENTER

1010 HIGHWAY 24 & 36 EAST
 MONROE CITY MO 63456-1116
Mailing Address 1010 HWY 24 & 36 EAST
 MONROE CITY MO 63456-1116

Telephone (573) 735-4850 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County MARION **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 05473

MONROE MANOR

200 SOUTH ST
 PARIS MO 65275-1165
Mailing Address 200 SOUTH ST
 PARIS MO 65275-1165

Telephone (660) 327-4125 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 119
County MONROE **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 05484

MONTEREY PARK REHABILITATION & HEALTH CARE CENTER

4600 LITTLE BLUE PARKWAY
 INDEPENDENCE MO 64057-8302
Mailing Address 4600 LITTLE BLUE PRKWY
 INDEPENDENCE MO 64057-8302

Telephone (816) 795-7888 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 122
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 15987

MONTICELLO HOUSE

1115 K LAND DR
 JACKSON MO 63755-2588
Mailing Address PO BOX 740
 JACKSON MO 63755-0740

Telephone (573) 243-8989 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 32
County CAPE GIRARDEAU **DMH Licensed** No
Region 2 **Facility Number** 14454

MONTICELLO HOUSE

1115 K LAND DR
 JACKSON MO 63755-2588
Mailing Address PO BOX 740
 JACKSON MO 63755-0740

Telephone (573) 243-8989 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 105
County CAPE GIRARDEAU **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 14454

MOORE-FEW CARE CENTER

901 SOUTH ADAMS
 NEVADA MO 64772-3209
Mailing Address 901 SOUTH ADAMS
 NEVADA MO 64772-3209

Telephone (417) 448-3841 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 108
County VERNON **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 05703

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

MOOREVIEW RESIDENTIAL

130 WEST CULTON
 WARRENSBURG MO 64093-1720
Mailing Address 130 WEST CULTON
 WARRENSBURG MO 64093-1720

Telephone (660) 429-1587 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 20
County JOHNSON **DMH Licensed** Yes
Region 3 **Facility Number** 11225

MORNINGSIDE CENTER

1700 MORNINGSIDE DR
 CHILLICOTHE MO 64601-1545
Mailing Address 1700 MORNINGSIDE DR
 CHILLICOTHE MO 64601-1545

Telephone (660) 646-0170 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County LIVINGSTON **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 05557

MORNINGSIDE CENTER ASSISTED LIVING APARTMENTS

1702 MORNINGSIDE DR
 CHILLICOTHE MO 64601-1545
Mailing Address 1702 MORNINGSIDE DR
 CHILLICOTHE MO 64601-1545

Telephone (660) 646-0170 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 31
County LIVINGSTON **DMH Licensed** No
Region 4 **Facility Number** 05557

MOTHER OF GOOD COUNSEL HOME

6825 NATURAL BRIDGE RD
 SAINT LOUIS MO 63121-5314
Mailing Address 6825 NATURAL BRIDGE RD
 SAINT LOUIS MO 63121-5314

Telephone (314) 383-4765 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 114
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 05568

MOTHER OF PERPETUAL HELP RESIDENCE, INC

7609 WATSON ROAD
 SAINT LOUIS MO 63119-5001
Mailing Address 7609 WATSON ROAD
 SAINT LOUIS MO 63119-5001

Telephone (314) 918-2260 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 160
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 21111

MOUNT CARMEL SENIOR LIVING - ST CHARLES, LLC

723 FIRST CAPITOL DR
 SAINT CHARLES MO 63301-2729
Mailing Address 723 FIRST CAPITOL DR
 SAINT CHARLES MO 63301-2729

Telephone (636) 946-4140 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 110
County SAINT CHARLES **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 07560

MOUNTAIN VIEW HEALTHCARE

1211 NORTH ASH ST
 MOUNTAIN VIEW MO 65548-7376
Mailing Address PO BOX 879
 MOUNTAIN VIEW MO 65548-0879

Telephone (417) 934-6818 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 105
County HOWELL **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 15542

MS B'S BLESSINGS

4739 COTE BRILLIANTE AVE
 SAINT LOUIS MO 63113-1813
Mailing Address 4739 COTE BRILLIANTE AVE
 SAINT LOUIS MO 63113-1813

Telephone (314) 533-1922 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 6
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 **Facility Number** 10889

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

MT VERNON PLACE CARE CENTER, INC

1425 SOUTH LANDRUM
 MT VERNON MO 65712-1912
Mailing Address 1425 S LANDRUM
 MT VERNON MO 65712-1912

Telephone (417) 466-2260 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County LAWRENCE **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 16304

MY PLACE RESIDENTIAL CARE, L.C.

23 NORTH SIXTH ST
 FESTUS MO 63028-1301
Mailing Address 23 NORTH SIXTH ST
 FESTUS MO 63028-1301

Telephone (636) 933-1793 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 44
County JEFFERSON **DMH Licensed** Yes
Region 2 **Facility Number** 10631

MY PLACE TOO, INC

1107 CLARKE ST
 DE SOTO MO 63020-2709
Mailing Address 1107 CLARKE ST
 DE SOTO MO 63020-2709

Telephone (636) 586-7871 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 50
County JEFFERSON **DMH Licensed** Yes
Region 2 **Facility Number** 16234

MYERS NURSING & CONVALESCENT CENTER

2315 WALROND AVE
 KANSAS CITY MO 64127-4210
Mailing Address 2315 WALROND AVE
 KANSAS CITY MO 64127-4210

Telephone (816) 231-3180 **Alzheimer's Unit** No
Level of Care: ICF **Bed Capacity** 84
County JACKSON **DMH Licensed** No
Region 3 **Medicaid** **Facility Number** 05626

NATHAN RICHARD HEALTH CARE CENTER

700 EAST HIGHLAND AVE
 NEVADA MO 64772-1025
Mailing Address 700 EAST HIGHLAND AVE
 NEVADA MO 64772-1025

Telephone (417) 667-8889 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 68
County VERNON **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 18210

NAZARETH LIVING CENTER

2 NAZARETH LN
 SAINT LOUIS MO 63129-7600
Mailing Address 2 NAZARETH LN
 SAINT LOUIS MO 63129-7600

Telephone (314) 487-3950 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 114
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 17458

NAZARETH LIVING CENTER

2 NAZARETH LN
 SAINT LOUIS MO 63129-7600
Mailing Address 2 NAZARETH LN
 SAINT LOUIS MO 63129-7600

Telephone (314) 487-3950 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 121
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 17458

NEIGHBORHOODS AT QUAIL CREEK, THE

1514 WEST LARK
 SPRINGFIELD MO 65810-2270
Mailing Address 1514 WEST LARK
 SPRINGFIELD MO 65810-2270

Telephone (417) 889-1275 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 120
County GREENE **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 24701

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

NEIGHBORHOODS REHABILITATION & SKILLED NURSING BY TIGERPLACE, THE

3003 FALLING LEAF COURT		Telephone	(573) 256-4620	Alzheimer's Unit	No
COLUMBIA	MO 65201-3549	Level of Care:	SNF	Bed Capacity	120
Mailing Address 3003 FALLING LEAF COURT		County	BOONE	DMH Licensed	No
COLUMBIA	MO 65201-3549	Region 6	Medicare/Medicaid	Facility Number	24341

NEW HAVEN CARE CENTER

9503 HIGHWAY 100		Telephone	(573) 237-2103	Alzheimer's Unit	No
NEW HAVEN	MO 63068-1300	Level of Care:	ALF	Bed Capacity	16
Mailing Address 9503 HWY 100		County	FRANKLIN	DMH Licensed	No
NEW HAVEN	MO 63068-1300	Region 6		Facility Number	05738

NEW HAVEN CARE CENTER

9503 HIGHWAY 100		Telephone	(573) 237-2103	Alzheimer's Unit	No
NEW HAVEN	MO 63068-1300	Level of Care:	SNF	Bed Capacity	90
Mailing Address 9503 HWY 100		County	FRANKLIN	DMH Licensed	No
NEW HAVEN	MO 63068-1300	Region 6	Medicare/Medicaid	Facility Number	05738

NEW HAVEN LIVING CENTER

609 GOLF ST		Telephone	(816) 230-7530	Alzheimer's Unit	No
ODESSA	MO 64076-1462	Level of Care:	SNF	Bed Capacity	60
Mailing Address 609 GOLF ST		County	LAFAYETTE	DMH Licensed	No
ODESSA	MO 64076-1462	Region 3	Medicare/Medicaid	Facility Number	05749

NEW HOPE ASSISTED LIVING LLC

328 NORTH NEW HOPE DRIVE		Telephone	(573) 712-2992	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-4819	Level of Care:	ALF	Bed Capacity	15
Mailing Address 328 NORTH NEW HOPE DR		County	BUTLER	DMH Licensed	No
POPLAR BLUFF	MO 63901-4819	Region 2		Facility Number	32690

NEW HORIZONS RCF II

5858 BUSIEK ROAD		Telephone	(573) 756-2426	Alzheimer's Unit	No
FARMINGTON	MO 63640-7325	Level of Care:	ALF	Bed Capacity	15
Mailing Address PO BOX 510		County	SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-0510	Region 2		Facility Number	14868

NEW MADRID LIVING CENTER

1050 DAWSON RD		Telephone	(573) 748-5622	Alzheimer's Unit	Yes
NEW MADRID	MO 63869-1116	Level of Care:	SNF	Bed Capacity	112
Mailing Address 1050 DAWSON RD		County	NEW MADRID	DMH Licensed	No
NEW MADRID	MO 63869-1116	Region 2	Medicare/Medicaid	Facility Number	04952

NEW MARK CARE CENTER

11221 NORTH NASHUA DR		Telephone	(816) 734-4433	Alzheimer's Unit	Yes
KANSAS CITY	MO 64155-1159	Level of Care:	SNF	Bed Capacity	199
Mailing Address 11221 N NASHUA DR		County	CLAY	DMH Licensed	No
KANSAS CITY	MO 64155-1159	Region 4	Medicare/Medicaid	Facility Number	12688

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

NEWSTEAD PLACE

19 NORTH NEWSTEAD
 SAINT LOUIS MO 63108-2260
Mailing Address 19 N NEWSTEAD
 SAINT LOUIS MO 63108-2260

Telephone (314) 286-4510 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 20
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 **Facility Number** 19169

NHC HEALTHCARE, DESLOGE

801 BRIM ST
 DESLOGE MO 63601-3441
Mailing Address PO BOX AA
 DESLOGE MO 63601-0568

Telephone (573) 431-0223 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 120
County SAINT FRANCOIS **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 02143

NHC HEALTHCARE, JOPLIN

2700 EAST 34TH ST
 JOPLIN MO 64804-4310
Mailing Address PO BOX 2877
 JOPLIN MO 64803-2877

Telephone (417) 781-1737 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 126
County NEWTON **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 04044

NHC HEALTHCARE, KENNETT

1120 FALCON
 KENNETT MO 63857-3825
Mailing Address PO BOX 696
 KENNETT MO 63857-0696

Telephone (573) 888-1150 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 170
County DUNKLIN **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 04268

NHC HEALTHCARE, MARYLAND HEIGHTS

2920 FEE FEE RD
 MARYLAND HEIGHTS MO 63043-1915
Mailing Address 2920 FEE FEE RD
 MARYLAND HEIGHTS MO 63043-1915

Telephone (314) 291-0121 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 220
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 08272

NHC HEALTHCARE, ST CHARLES

35 SUGAR MAPLE LN
 SAINT CHARLES MO 63303-5740
Mailing Address 35 SUGAR MAPLE LN
 SAINT CHARLES MO 63303-5740

Telephone (636) 946-8887 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County SAINT CHARLES **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 07503

NHC HEALTHCARE, WEST PLAINS

211 DAVIS DR
 WEST PLAINS MO 65775-2242
Mailing Address PO BOX 497
 WEST PLAINS MO 65775-0497

Telephone (417) 256-0798 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 114
County HOWELL **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 08434

NICK'S HEALTH CARE CENTER, LLC

253 EAST HIGHWAY 116
 PLATTSBURG MO 64477-1561
Mailing Address 253 EAST HWY 116
 PLATTSBURG MO 64477-1561

Telephone (816) 539-2376 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 70
County CLINTON **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 22058

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

NIXA NURSING & REHAB

1104 NORTH MAIN ST
 NIXA MO 65714-9316
Mailing Address 1104 N MAIN ST
 NIXA MO 65714-9316

Telephone (417) 725-1777 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 82
County CHRISTIAN **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 13840

NODAWAY NURSING HOME

22371 STATE HIGHWAY 46
 MARYVILLE MO 64468-8157
Mailing Address PO BOX 307
 MARYVILLE MO 64468-0307

Telephone (660) 562-2876 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County NODAWAY **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 05766

NORMANDY NURSING CENTER

7301 SAINT CHARLES ROCK RD
 SAINT LOUIS MO 63133-1737
Mailing Address 7301 SAINT CHARLES ROCK RD
 SAINT LOUIS MO 63133-1737

Telephone (314) 862-0555 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 116
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 01118

NORTERRE

2580 NORTERRE CIRCLE
 LIBERTY MO 64068-3412
Mailing Address 2580 NORTERRE CIRCLE
 LIBERTY MO 64068-3412

Telephone (816) 479-4793 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 60
County CLAY **DMH Licensed** No
Region 4 **Facility Number** 31005

NORTERRE

2555 NORTERRE CIRCLE
 LIBERTY MO 64068-3313
Mailing Address 2555 NORTERRE CIRCLE
 LIBERTY MO 64086-3313

Telephone (816) 479-4793 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County CLAY **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 31005

NORTH VILLAGE PARK

2041 SILVA LN
 MOBERLY MO 65270-3658
Mailing Address 2041 SILVA LN
 MOBERLY MO 65270-3658

Telephone (660) 269-7300 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 184
County RANDOLPH **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 06481

NORTHLAND REHABILITATION & HEALTH CARE CENTER

4301 NE PARVIN ROAD
 KANSAS CITY MO 64117-3001
Mailing Address 4301 NE PARVIN ROAD
 KANSAS CITY MO 64117-3001

Telephone (816) 702-8000 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 118
County CLAY **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 31230

NORTHPARK VILLAGE - ASSISTED LIVING BY AMERICARE

4449 N STATE HIGHWAY NN
 OZARK MO 65721-7221
Mailing Address 4449 N STATE HIGHWAY NN
 OZARK MO 65721-7221

Telephone (417) 581-3200 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 52
County CHRISTIAN **DMH Licensed** No
Region 1 **Facility Number** 20003

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

NORTHTRIDGE PLACE - ASSISTED LIVING BY AMERICARE

1500 LYNN ST
 LEBANON MO 65536-4409
Mailing Address 1500 LYNN ST
 LEBANON MO 65536-4409

Telephone (417) 532-9793 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 50
County LACLEDE **DMH Licensed** No
Region 1 **Facility Number** 20525

NORTHVIEW VILLAGE

2415 NORTH KINGSHIGHWAY
 SAINT LOUIS MO 63113-1109
Mailing Address 2415 NORTH KINGSHIGHWAY
 SAINT LOUIS MO 63113-1109

Telephone (314) 361-1300 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 320
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 08058

NORTHWOOD HILLS CARE CENTER

800 NORTH ARTHUR ST
 HUMANSVILLE MO 65674-8655
Mailing Address PO BOX 187
 HUMANSVILLE MO 65674-0187

Telephone (417) 754-2208 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 120
County POLK **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 10607

OAK KNOLL SKILLED NURSING & REHABILITATION CENTER

37 N CLARK AVE
 FERGUSON MO 63135-2323
Mailing Address 37 N CLARK AVE
 FERGUSON MO 63135-2323

Telephone (314) 521-7419 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 72
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 05864

OAK PARK CARE CENTER

6637 BERTHOLD AVE
 SAINT LOUIS MO 63139-3318
Mailing Address 6637 BERTHOLD AVE
 SAINT LOUIS MO 63139-3318

Telephone (314) 781-3444 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 05914

OAK POINTE OF CARTHAGE

300 W AIRPORT DR
 CARTHAGE MO 64836-3511
Mailing Address 300 W AIRPORT DR
 CARTHAGE MO 64836-3511

Telephone (417) 358-3355 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 55
County JASPER **DMH Licensed** No
Region 1 **Facility Number** 30168

OAK POINTE OF KEARNEY

200 MEADOWBROOK DR
 KEARNEY MO 64060-8788
Mailing Address 200 MEADOWBROOK DR
 KEARNEY MO 64060-8788

Telephone (816) 628-0075 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 55
County CLAY **DMH Licensed** No
Region 4 **Facility Number** 29803

OAK POINTE OF MARYVILLE

817 SOUTH COUNTRY CLUB DR
 MARYVILLE MO 64468-1477
Mailing Address 817 SOUTH COUNTRY CLUB DR
 MARYVILLE MO 64468-1477

Telephone (660) 562-2799 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 55
County NODAWAY **DMH Licensed** No
Region 4 **Facility Number** 29544

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

OAK POINTE OF MONETT

1011 OLD AIRPORT ROAD
 MONETT MO 65708-1375
Mailing Address 1011 OLD AIRPORT ROAD
 MONETT MO 65708-1375

Telephone (417) 235-3500
Level of Care: ALF**
County LAWRENCE
Region 1

Alzheimer's Unit Yes
Bed Capacity 55
DMH Licensed No
Facility Number 30206

OAK POINTE OF NEOSHO

2601 OAK RIDGE EXTENSION
 NEOSHO MO 64850-7765
Mailing Address 2601 OAK RIDGE EXTENSION
 NEOSHO MO 64850-7765

Telephone (417) 451-8872
Level of Care: ALF**
County NEWTON
Region 1

Alzheimer's Unit Yes
Bed Capacity 55
DMH Licensed No
Facility Number 29972

OAK POINTE OF ROLLA

1000 EAST LIONS CLUB DRIVE
 ROLLA MO 65401-4356
Mailing Address 1000 EAST LIONS CLUB DRIVE
 ROLLA MO 65401-4356

Telephone (573) 426-2186
Level of Care: ALF**
County PHELPS
Region 6

Alzheimer's Unit Yes
Bed Capacity 65
DMH Licensed No
Facility Number 31216

OAK POINTE OF WARRENTON

700 FORREST AVE
 WARRENTON MO 63383-7040
Mailing Address 700 FORREST AVE
 WARRENTON MO 63383-7040

Telephone (636) 456-6464
Level of Care: ALF**
County WARREN
Region 6

Alzheimer's Unit Yes
Bed Capacity 71
DMH Licensed No
Facility Number 25045

OAK POINTE OF WASHINGTON

1650 HIGH STREET
 WASHINGTON MO 63090-4354
Mailing Address 1650 HIGH STREET
 WASHINGTON MO 63090-4354

Telephone (636) 390-3290
Level of Care: ALF**
County FRANKLIN
Region 6

Alzheimer's Unit Yes
Bed Capacity 65
DMH Licensed No
Facility Number 32114

OAK RIDGE ASSISTED LIVING

403 CRISPIN ST
 RICHMOND MO 64085-1212
Mailing Address 403 CRISPIN ST
 RICHMOND MO 64085-1212

Telephone (816) 776-3435
Level of Care: ALF**
County RAY
Region 4

Alzheimer's Unit Yes
Bed Capacity 55
DMH Licensed No
Facility Number 29711

OAKDALE CARE CENTER

2702 DEBBIE LN
 POPLAR BLUFF MO 63901-2650
Mailing Address 2702 DEBBIE LN
 POPLAR BLUFF MO 63901-2650

Telephone (573) 686-5242
Level of Care: SNF
County BUTLER
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 70
DMH Licensed No
Facility Number 18157

OAKDALE CARE CENTER

2702 DEBBIE LN
 POPLAR BLUFF MO 63901-2650
Mailing Address 2702 DEBBIE LN
 POPLAR BLUFF MO 63901-2650

Telephone (573) 686-5242
Level of Care: RCF*
County BUTLER
Region 2

Alzheimer's Unit No
Bed Capacity 36
DMH Licensed Yes
Facility Number 18157

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

OAKDALE CARE CENTER

2702 DEBBIE LN
 POPLAR BLUFF MO 63901-2650
Mailing Address 2702 DEBBIE LN
 POPLAR BLUFF MO 63901-2650

Telephone (573) 686-5242
Level of Care: ALF
County BUTLER
Region 2

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 18157

OAKRIDGE OF PLATTSBURG

205 EAST CLAY AVE
 PLATTSBURG MO 64477-8100
Mailing Address PO BOX 247
 PLATTSBURG MO 64477-0247

Telephone (816) 539-2128
Level of Care: SNF
County CLINTON
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 05994

OAKS COTTAGE ASSISTED LIVING, THE

5448 N 2ND AVENUE
 OZARK MO 65721-6210
Mailing Address 5448 N 2ND AVENUE
 OZARK MO 65721-6210

Telephone (417) 581-0330
Level of Care: ALF**
County CHRISTIAN
Region 1

Alzheimer's Unit Yes
Bed Capacity 12
DMH Licensed No
Facility Number 31804

OAKS, THE

5550 NOLAND ROAD
 KANSAS CITY MO 64133-3685
Mailing Address 5550 NOLAND RD
 KANSAS CITY MO 64133-3685

Telephone (816) 356-0200
Level of Care: RCF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 62
DMH Licensed Yes
Facility Number 13440

OAKWOOD ESTATES NURSING & REHAB

5303 BERMUDA DR
 NORMANDY MO 63121-1407
Mailing Address 5303 BERMUDA DR
 NORMANDY MO 63121-1407

Telephone (314) 385-0910
Level of Care: SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 115
DMH Licensed No
Facility Number 01238

OASIS RESIDENTIAL CARE FACILITY

3508 PRAIRIE AVE
 SAINT LOUIS MO 63107-2214
Mailing Address 3508 PRAIRIE AVE
 SAINT LOUIS MO 63107-2214

Telephone (314) 534-3355
Level of Care: RCF*
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 15415

OREGON CARE CENTER

501 MONROE
 OREGON MO 64473-7800
Mailing Address PO BOX 19
 OREGON MO 64473-0019

Telephone (660) 446-3355
Level of Care: SNF
County HOLT
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 06097

ORILLA'S WAY

1209 SOUTH HIGH ST
 GRANT CITY MO 64456-0056
Mailing Address PO BOX 56
 GRANT CITY MO 64456-0056

Telephone (660) 564-2204
Level of Care: ALF**
County WORTH
Region 4

Alzheimer's Unit No
Bed Capacity 37
DMH Licensed No
Facility Number 08591

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

OSAGE BEACH REHABILITATION AND HEALTH CARE CENTER

844 PASSOVER RD
 OSAGE BEACH MO 65065-2834
Mailing Address 844 PASSOVER RD
 OSAGE BEACH MO 65065-2834

Telephone (573) 348-2225 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 94
County CAMDEN **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 06116

OUR LADY OF MERCY COUNTRY HOME

2160 MERCY DR
 LIBERTY MO 64068-7955
Mailing Address 2160 MERCY DR
 LIBERTY MO 64068-7955

Telephone (816) 781-5711 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 44
County CLAY **DMH Licensed** No
Region 4 **Facility Number** 06153

OWEN ACRES RESIDENTIAL CARE FACILITY

614 COUNTY ROAD 466
 POPLAR BLUFF MO 63901-2964
Mailing Address 614 COUNTY RD 466
 POPLAR BLUFF MO 63901-2964

Telephone (573) 778-0497 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 20
County BUTLER **DMH Licensed** Yes
Region 2 **Facility Number** 21093

OXFORD GRAND AT SHOAL CREEK

8280 N TULLIS AVENUE
 KANSAS CITY MO 64158-7683
Mailing Address 8280 N TULLIS AVENUE
 KANSAS CITY MO 64158-7683

Telephone (816) 781-8282 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 98
County CLAY **DMH Licensed** No
Region 4 **Facility Number** 30758

OZARK MANOR

1013 HIGHWAY Z
 FREDERICKTOWN MO 63645-8035
Mailing Address 1013 HIGHWAY Z
 FREDERICKTOWN MO 63645-8035

Telephone (573) 783-8338 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 55
County MADISON **DMH Licensed** No
Region 2 **Facility Number** 22947

OZARK NURSING & CARE CENTER

1486 NORTH RIVERSIDE RD
 OZARK MO 65721-7688
Mailing Address 1486 NORTH RIVERSIDE RD
 OZARK MO 65721-7688

Telephone (417) 581-7126 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County CHRISTIAN **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 06240

OZARK OAKS RESIDENTIAL CARE FACILITY II

3405 S SCHIFFERDECKER
 JOPLIN MO 64804-1388
Mailing Address PO BOX 2526
 JOPLIN MO 64803-2526

Telephone (417) 347-7760 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 30
County NEWTON **DMH Licensed** Yes
Region 1 **Facility Number** 13636

OZARK REHABILITATION & HEALTH CARE CENTER

1083 OZARK CARE DR
 OSAGE BEACH MO 65065-3016
Mailing Address PO BOX 270
 OSAGE BEACH MO 65065-0270

Telephone (573) 348-1711 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County CAMDEN **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 06217

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

OZARK RIVERVIEW MANOR

1200 WEST HALL ST
 OZARK MO 65721-9103
Mailing Address PO BOX 157
 OZARK MO 65721-0157

Telephone (417) 581-6025 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 90
County CHRISTIAN **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 01426

OZARKS METHODIST MANOR, THE

205 SOUTH COLLEGE
 MARIONVILLE MO 65705-9340
Mailing Address PO BOX 403
 MARIONVILLE MO 65705-0403

Telephone (417) 258-2573 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 76
County LAWRENCE **DMH Licensed** No
Region 1 **Facility Number** 06273

OZARKS METHODIST MANOR, THE

205 SOUTH COLLEGE
 MARIONVILLE MO 65705-9340
Mailing Address PO BOX 403
 MARIONVILLE MO 65705-0403

Telephone (417) 258-2573 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 78
County LAWRENCE **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 06273

PACIFIC CARE CENTER

105 SOUTH SIXTH ST
 PACIFIC MO 63069-1328
Mailing Address 105 S SIXTH ST
 PACIFIC MO 63069-1328

Telephone (636) 271-4222 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County FRANKLIN **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 12638

PACIFIC CARE CENTER

105 SOUTH SIXTH ST
 PACIFIC MO 63069-1328
Mailing Address 105 S SIXTH ST
 PACIFIC MO 63069-1328

Telephone (636) 271-4222 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 16
County FRANKLIN **DMH Licensed** No
Region 6 **Facility Number** 12638

PARC PROVENCE

605 COEUR DE VILLE DR
 SAINT LOUIS MO 63141-6603
Mailing Address 605 COEUR DE VILLE DR
 SAINT LOUIS MO 63141-6603

Telephone (314) 542-2500 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 140
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 24122

PARK PLACE APARTMENTS

1211 NORTH ASH ST
 MOUNTAIN VIEW MO 65548-7376
Mailing Address PO BOX 879
 MOUNTAIN VIEW MO 65548-0879

Telephone (417) 934-6818 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 18
County HOWELL **DMH Licensed** No
Region 1 **Facility Number** 15542

PARK PLACE II

2000 BOARDWALK PLACE DR
 O'FALLON MO 63368-3901
Mailing Address 2000 BOARDWALK PLACE DR
 O'FALLON MO 63368-3901

Telephone (636) 695-4360 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 124
County SAINT CHARLES **DMH Licensed** No
Region 5 **Facility Number** 29016

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

PARKDALE MANOR CARE CENTER

814 WEST SOUTH AVE
 MARYVILLE MO 64468-2772
Mailing Address 814 W SOUTH AVE
 MARYVILLE MO 64468-2772

Telephone (660) 582-8161 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 86
County NODAWAY **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 06308

PARKLANE CARE AND REHABILITATION CENTER

401 MAR-LE DR
 WENTZVILLE MO 63385-1647
Mailing Address 401 MAR-LE DR
 WENTZVILLE MO 63385-1647

Telephone (636) 332-9580 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 240
County SAINT CHARLES **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 04883

PARKSIDE MANOR

1201 HUNT AVE
 COLUMBIA MO 65202-1367
Mailing Address 1201 HUNT AVE
 COLUMBIA MO 65202-1367

Telephone (573) 449-1448 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 120
County BOONE **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 11262

PARKSIDE MANOR, LLC

300 S SAINT CHARLES ST
 BOWLING GREEN MO 63334-2221
Mailing Address 300 S SAINT CHARLES ST
 BOWLING GREEN MO 63334-2221

Telephone (573) 324-9918 **Alzheimer's Unit** NO
Level of Care: ALF** **Bed Capacity** 44
County PIKE **DMH Licensed** No
Region 5 **Facility Number** 05511

PARKSIDE-ASSISTED LIVING BY AMERICARE

2100 PARKSIDE AVE
 ROLLA MO 65401-5472
Mailing Address 2100 PARKSIDE AVE
 ROLLA MO 65401-5472

Telephone (573) 308-0834 **Alzheimer's Unit** NO
Level of Care: ALF** **Bed Capacity** 28
County PHELPS **DMH Licensed** No
Region 6 **Facility Number** 31191

PARKVIEW HEALTH CARE FACILITY

119 WEST FOREST
 BOLIVAR MO 65613-1316
Mailing Address 119 WEST FOREST
 BOLIVAR MO 65613-1316

Telephone (417) 326-3000 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 78
County POLK **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 17638

PARKVIEW HEALTHCARE

128 NORTH HARDESTY
 KANSAS CITY MO 64123-1404
Mailing Address 128 NORTH HARDESTY
 KANSAS CITY MO 64123-1404

Telephone (816) 241-2020 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 02928

PARKWAY HEALTH CARE CENTER

2323 SWOPE PARKWAY
 KANSAS CITY MO 64130-2638
Mailing Address 2323 SWOPE PARKWAY
 KANSAS CITY MO 64130-2638

Telephone (816) 924-1122 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 97
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 07092

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

PARKWAY SENIOR LIVING, THE

550 NE NAPOLEON DR
 BLUE SPRINGS MO 64014-5403
Mailing Address 550 NE NAPOLEON DR
 BLUE SPRINGS MO 64014-5403

Telephone (816) 228-8866
Level of Care: ALF**
County JACKSON
Region 3

Alzheimer's Unit Yes
Bed Capacity 72
DMH Licensed No
Facility Number 29917

PARKWOOD MANOR

325 NORTH SPRIGG ST
 CAPE GIRARDEAU MO 63701-5531
Mailing Address 325 N SPRIGG ST
 CAPE GIRARDEAU MO 63701-5531

Telephone (573) 334-7011
Level of Care: RCF*
County CAPE GIRARDEAU
Region 2

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 06291

PARKWOOD MANOR

325 NORTH SPRIGG ST
 CAPE GIRARDEAU MO 63701-5531
Mailing Address 325 NORTH SPRIGG ST
 CAPE GIRARDEAU MO 63701-5531

Telephone (573) 334-7011
Level of Care: RCF
County CAPE GIRARDEAU
Region 2

Alzheimer's Unit No
Bed Capacity 10
DMH Licensed No
Facility Number 06291

PARKWOOD MEADOWS - ASSISTED LIVING BY AMERICARE

805 PARKWOOD DR
 SAINTE GENEVIEVE MO 63670-1858
Mailing Address 805 PARKWOOD DR
 SAINTE GENEVIEVE MO 63670-1858

Telephone (573) 883-3883
Level of Care: ALF**
County SAINTE GENEVIEVE
Region 2

Alzheimer's Unit Yes
Bed Capacity 66
DMH Licensed No
Facility Number 23234

PARKWOOD SKILLED NURSING AND REHABILITATION CENTER

3201 PARKWOOD LN
 MARYLAND HEIGHTS MO 63043-1334
Mailing Address 3201 PARKWOOD LN
 MARYLAND HEIGHTS MO 63043-1334

Telephone (314) 291-5911
Level of Care: SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 130
DMH Licensed No
Facility Number 02471

PATHWAYS PROGRAM, THE

161 PIEPER RD
 O'FALLON MO 63366-
Mailing Address PO BOX 815
 O'FALLON MO 63366-0815

Telephone (636) 978-3132
Level of Care: ALF
County SAINT CHARLES
Region 5

Alzheimer's Unit No
Bed Capacity 18
DMH Licensed Yes
Facility Number 10934

PAUL L & MARTHA BARONE CARE CENTER

2101 NORTH ASH ST
 NEVADA MO 64772-1082
Mailing Address 2101 N ASH ST
 NEVADA MO 64772-1082

Telephone (417) 448-3999
Level of Care: SNF
County VERNON
Region 1 **Medicaid**

Alzheimer's Unit Yes
Bed Capacity 40
DMH Licensed No
Facility Number 16917

PEACE HAVEN ASSOCIATION

12630 ROTT RD
 SAINT LOUIS MO 63127-1214
Mailing Address 12630 ROTT RD
 SAINT LOUIS MO 63127-1214

Telephone (314) 965-3833
Level of Care: ICF
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 42
DMH Licensed No
Facility Number 06369

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

PEARL'S II EDEN FOR ELDERS

611 NORTH COLLEGE
 PRINCETON MO 64673-1051
Mailing Address 611 NORTH COLLEGE
 PRINCETON MO 64673-1051

Telephone (660) 748-4407 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County MERCER **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 06453

PETTIS COUNTY ASSISTED LIVING, LLC

3017 BROOKING PARK AVENUE
 SEDALIA MO 65301-9327
Mailing Address 3017 BROOKING PARK AVE
 SEDALIA MO 65301-9327

Telephone (660) 827-3222 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 139
County PETTIS **DMH Licensed** Yes
Region 6 **Facility Number** 30112

PILLARS OF NORTH COUNTY HEALTH & REHABILITATION CENTER, THE

13700 OLD HALLS FERRY RD
 FLORISSANT MO 63033-4109
Mailing Address 13700 OLD HALLS FERRY RD
 FLORISSANT MO 63033-4109

Telephone (314) 355-0760 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 07440

PIN OAKS LIVING CENTER

1525 WEST MONROE ST
 MEXICO MO 65265-1201
Mailing Address 1525 WEST MONROE ST
 MEXICO MO 65265-1201

Telephone (573) 581-7261 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 124
County AUDRAIN **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 05804

PINE LODGE RESIDENTIAL CARE

967 N MAPLE ST
 BUFFALO MO 65622-7568
Mailing Address 967 N MAPLE ST
 BUFFALO MO 65622-7568

Telephone (417) 345-0310 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 20
County DALLAS **DMH Licensed** No
Region 1 **Facility Number** 25563

PINE VALLEY AT THE WOODLANDS

620 WOODLAND MEADOWS
 ARNOLD MO 63010-2030
Mailing Address 620 WOODLAND MEADOWS
 ARNOLD MO 63010-2030

Telephone (636) 202-1050 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 48
County JEFFERSON **DMH Licensed** No
Region 2 **Facility Number** 31974

PINE VALLEY RCF

3381 1st STREET
 DOE RUN MO 63637-3155
Mailing Address 3381 1st STREET
 DOE RUN MO 63637-3155

Telephone (573) 760-8601 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 12
County SAINT FRANCOIS **DMH Licensed** Yes
Region 2 **Facility Number** 08379

PINE VIEW MANOR, INC

307 NORTH PINEVIEW ST
 STANBERRY MO 64489-1509
Mailing Address 307 NORTH PINEVIEW ST
 STANBERRY MO 64489-1509

Telephone (660) 783-2118 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 12
County GENTRY **DMH Licensed** No
Region 4 **Facility Number** 05832

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

PINE VIEW MANOR, INC

307 NORTH PINEVIEW ST
 STANBERRY MO 64489-1509
Mailing Address 307 NORTH PINEVIEW ST
 STANBERRY MO 64489-1509

Telephone (660) 783-2118 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 70
County GENTRY **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 05832

PIONEER SKILLED NURSING CENTER

1500 SOUTH KANSAS AVE
 MARCELINE MO 64658-1716
Mailing Address 1500 S KANSAS AVE
 MARCELINE MO 64658-1716

Telephone (660) 376-2001 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 96
County CHARITON **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 05900

PLEASANT HILL HEALTH AND REHABILITATION CENTER

1300 BROADWAY
 PLEASANT HILL MO 64080-1842
Mailing Address 1300 BROADWAY
 PLEASANT HILL MO 64080-1842

Telephone (816) 540-2116 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 90
County CASS **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 15101

PLEASANT VALLEY MANOR

213 DAVIS DR
 WEST PLAINS MO 65775-2274
Mailing Address 213 DAVIS DR
 WEST PLAINS MO 65775-2274

Telephone (417) 257-0179 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 72
County HOWELL **DMH Licensed** No
Region 1 **Facility Number** 13641

PLEASANT VALLEY MANOR CARE CENTER

6814 SOBBIE RD
 LIBERTY MO 64068-9555
Mailing Address 6814 SOBBIE RD
 LIBERTY MO 64068-9555

Telephone (816) 781-5277 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 102
County CLAY **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 06020

PLEASANT VIEW

470 RAINBOW DR
 ROCK PORT MO 64482-1641
Mailing Address PO BOX 273
 ROCK PORT MO 64482-0273

Telephone (660) 744-6252 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County ATCHISON **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 06041

PLEASANT VIEW

641 EUCLID AVE
 HANNIBAL MO 63401-2959
Mailing Address 641 EUCLID AVE
 HANNIBAL MO 63401-2959

Telephone (573) 406-1090 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 41
County MARION **DMH Licensed** No
Region 5 **Facility Number** 25358

POINT LOOKOUT NURSING & REHAB

11103 HISTORIC HIGHWAY 165
 HOLLISTER MO 65672-6239
Mailing Address 11103 HISTORIC HIGHWAY 165
 HOLLISTER MO 65672-6239

Telephone (417) 334-4105 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 130
County TANEY **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 12716

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

POPA GOOD SAMARITAN SERVICES, LLC

16979 HWY 39
 VERONA MO 65769-6319
Mailing Address 16979 HWY 39
 VERONA MO 65769-6319

Telephone (417) 353-4448
Level of Care: ALF**
County LAWRENCE
Region 1

Alzheimer's Unit Yes
Bed Capacity 8
DMH Licensed No
Facility Number 30440

PORTAGEVILLE HEALTH CARE CENTER

290 WEST STATE HWY 162
 PORTAGEVILLE MO 63873-9397
Mailing Address PO BOX 408
 PORTAGEVILLE MO 63873-0408

Telephone (573) 379-2017
Level of Care: SNF
County NEW MADRID
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 17119

PORTIA'S RESIDENTIAL CARE

307 NORTH BROADWAY
 POPLAR BLUFF MO 63901-5103
Mailing Address 307 N BROADWAY
 POPLAR BLUFF MO 63901-5103

Telephone (573) 686-3446
Level of Care: RCF
County BUTLER
Region 2

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 03002

POTOSI MANOR, INC

307 SOUTH HIGHWAY 21
 POTOSI MO 63664-9317
Mailing Address 307 SOUTH HIGHWAY 21
 POTOSI MO 63664-9317

Telephone (573) 438-3225
Level of Care: SNF
County WASHINGTON
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 90
DMH Licensed No
Facility Number 21648

PREFERRED FAMILY HEALTHCARE, INC

900 EAST LAHARPE
 KIRKSVILLE MO 63501-4520
Mailing Address PO BOX 767
 KIRKSVILLE MO 63501-0767

Telephone (660) 665-1962
Level of Care: RCF*
County ADAIR
Region 5

Alzheimer's Unit No
Bed Capacity 57
DMH Licensed Yes
Facility Number 21851

PREMIER RESIDENTIAL CARE

109 EAST CROWDER RD
 TRENTON MO 64683-1802
Mailing Address 109 EAST CROWDER RD
 TRENTON MO 64683-1802

Telephone (660) 359-4292
Level of Care: RCF
County GRUNDY
Region 4

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 02238

PRIMROSE RETIREMENT COMMUNITY OF JEFFERSON CITY

1214 FREEDOM BLVD
 JEFFERSON CITY MO 65109-0082
Mailing Address 1214 FREEDOM BLVD
 JEFFERSON CITY MO 65109-0082

Telephone (573) 634-5408
Level of Care: ALF**
County COLE
Region 6

Alzheimer's Unit No
Bed Capacity 45
DMH Licensed No
Facility Number 29697

PRIMROSE RETIREMENT COMMUNITY OF KANSAS CITY

8559 NORTH LINE CREEK PARKWAY
 KANSAS CITY MO 64154-2100
Mailing Address 8559 NORTH LINE CREEK PARKWAY
 KANSAS CITY MO 64154-2100

Telephone (816) 468-8282
Level of Care: ALF**
County PLATTE
Region 4

Alzheimer's Unit No
Bed Capacity 44
DMH Licensed No
Facility Number 29020

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

PRINCETON SENIOR LIVING THE

1701 S E OLDHAM PARKWAY
 LEE'S SUMMIT MO 64081-
Mailing Address 1701 S E OLDHAM PARKWAY
 LEE'S SUMMIT MO 64081-

Telephone (816) 875-4950
Level of Care: ALF**
County JACKSON
Region 3

Alzheimer's Unit YES
Bed Capacity 68
DMH Licensed No
Facility Number 32762

PROMISE CARE CENTER, LLC

1111 CARE AVE
 NIXA MO 65714-9679
Mailing Address 1111 CARE AVE
 NIXA MO 65714-9679

Telephone (417) 494-5037
Level of Care: ALF**
County CHRISTIAN
Region 1

Alzheimer's Unit No
Bed Capacity 126
DMH Licensed No
Facility Number 15935

PUTNAM COUNTY CARE CENTER

1814 OAK ST
 UNIONVILLE MO 63565-1275
Mailing Address 1814 OAK ST
 UNIONVILLE MO 63565-1275

Telephone (660) 947-2492
Level of Care: SNF
County PUTNAM
Region 5 **Medicare/Medicaid**

Alzheimer's Unit NO
Bed Capacity 60
DMH Licensed No
Facility Number 06516

PUXICO NURSING & REHABILITATION CENTER

540 NORTH HIGHWAY 51
 PUXICO MO 63960-9117
Mailing Address 540 NORTH HWY 51
 PUXICO MO 63960-9117

Telephone (573) 222-3125
Level of Care: SNF
County STODDARD
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 03163

QUAIL RUN HEALTH CARE CENTER

1405 WEST GRAND AVE
 CAMERON MO 64429-1118
Mailing Address PO BOX 525
 CAMERON MO 64429-0525

Telephone (816) 632-2151
Level of Care: SNF
County DEKALB
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 84
DMH Licensed No
Facility Number 03829

QUALITY RESIDENTIAL CARE

2034 WEST COLLEGE
 SPRINGFIELD MO 65806-1524
Mailing Address PO BOX 8127
 SPRINGFIELD MO 65801-8127

Telephone (417) 831-6466
Level of Care: RCF*
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 42
DMH Licensed Yes
Facility Number 13150

QUARTERS AT DES PERES, THE

13230 MANCHESTER RD
 DES PERES MO 63131-1706
Mailing Address 13230 MANCHESTER RD
 DES PERES MO 63131-1706

Telephone (314) 821-2886
Level of Care: SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 147
DMH Licensed No
Facility Number 26726

RANCHO REHAB AND HEALTHCARE CENTER

615 RANCHO LN
 FLORISSANT MO 63031-1717
Mailing Address 615 RANCHO LN
 FLORISSANT MO 63031-1717

Telephone (314) 839-2150
Level of Care: SNF
County SAINT LOUIS COUNTY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 02585

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

RATLIFF CARE CENTER

717 NORTH SPRIGG
 CAPE GIRARDEAU MO 63701-4815
Mailing Address 717 NORTH SPRIGG
 CAPE GIRARDEAU MO 63701-4815

Telephone (573) 335-5810 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 46
County CAPE GIRARDEAU **DMH Licensed** No
Region 2 Medicare/Medicaid Facility Number 17420

RAVENWOOD - ASSISTED LIVING BY AMERICARE

1950 EAST REPUBLIC RD
 SPRINGFIELD MO 65804-6763
Mailing Address 1950 E REPUBLIC RD
 SPRINGFIELD MO 65804-6763

Telephone (417) 890-6000 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 66
County GREENE **DMH Licensed** No
Region 1 Facility Number 20791

RAVENWOOD TERRACE - ASSISTED LIVING BY AMERICARE

1830 RAVENWOOD
 MOBERLY MO 65270-3002
Mailing Address 1830 RAVENWOOD
 MOBERLY MO 65270-3002

Telephone (660) 263-8004 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 55
County RANDOLPH **DMH Licensed** No
Region 5 Facility Number 16411

RAYTOWN BICKFORD HOUSE

9110 EAST 63RD ST
 RAYTOWN MO 64133-4893
Mailing Address 9110 EAST 63RD ST
 RAYTOWN MO 64133-4893

Telephone (816) 353-3400 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 85
County JACKSON **DMH Licensed** No
Region 3 Facility Number 24227

REDWOOD OF BLUE RIVER

10425 CHESTNUT DR
 KANSAS CITY MO 64137-3201
Mailing Address 10425 CHESTNUT DR
 KANSAS CITY MO 64137-3201

Telephone (816) 763-4444 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 160
County JACKSON **DMH Licensed** No
Region 3 Medicare/Medicaid Facility Number 19114

REDWOOD OF CAMERON

801 EUCLID AVE
 CAMERON MO 64429-2003
Mailing Address PO BOX 438
 CAMERON MO 64429-0438

Telephone (816) 632-7254 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County CLINTON **DMH Licensed** No
Region 4 Medicare/Medicaid Facility Number 00983

REDWOOD OF CARMEL HILLS

810 EAST WALNUT ST
 INDEPENDENCE MO 64050-4025
Mailing Address 810 EAST WALNUT ST
 INDEPENDENCE MO 64050-4025

Telephone (816) 461-9600 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 194
County JACKSON **DMH Licensed** No
Region 3 Medicare/Medicaid Facility Number 23422

REDWOOD OF INDEPENDENCE

1800 S SWOPE DR
 INDEPENDENCE MO 64057-1084
Mailing Address 1800 S SWOPE DR
 INDEPENDENCE MO 64057-1084

Telephone (816) 257-2566 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 130
County JACKSON **DMH Licensed** No
Region 3 Medicare/Medicaid Facility Number 22063

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

REDWOOD OF KANSAS CITY SOUTH

8033 HOLMES ROAD
 KANSAS CITY MO 64131-2115
Mailing Address 8033 HOLMES ROAD
 KANSAS CITY MO 64131-2115

Telephone (816) 363-6222 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 100
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 03680

REDWOOD OF RAYMORE

600 EAST SUNRISE DR
 RAYMORE MO 64083-9037
Mailing Address 600 EAST SUNRISE DR
 RAYMORE MO 64083-9037

Telephone (816) 322-1991 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 152
County CASS **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 16170

REPUBLIC NURSING & REHAB

901 EAST HIGHWAY 174
 REPUBLIC MO 65738-1155
Mailing Address 901 EAST HIGHWAY 174
 REPUBLIC MO 65738-1155

Telephone (417) 732-1822 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 127
County GREENE **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 13684

REST HAVEN CONVALESCENT & RETIREMENT HOME

1800 SOUTH INGRAM
 SEDALIA MO 65301-7538
Mailing Address 1800 S INGRAM
 SEDALIA MO 65301-7538

Telephone (660) 827-0845 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 86
County PETTIS **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 06582

RICHLAND CARE CENTER, INC

400 TRI-COUNTY LANE
 RICHLAND MO 65556-8582
Mailing Address PO BOX 756
 RICHLAND MO 65556-0756

Telephone (573) 765-3243 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 86
County PULASKI **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 08100

RICHMOND TERRACE ASSISTED LIVING

1633 LACLEDE STATION RD
 SAINT LOUIS MO 63117-2038
Mailing Address 1633 LACLEDE STATION RD
 SAINT LOUIS MO 63117-2038

Telephone (314) 646-8000 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 99
County SAINT LOUIS COUNTY **DMH Licensed** Yes
Region 7 **Facility Number** 22269

RIDGE CREST NURSING CENTER

706 SOUTH MITCHELL
 WARRENSBURG MO 64093-2828
Mailing Address 706 SOUTH MITCHELL
 WARRENSBURG MO 64093-2828

Telephone (660) 429-2177 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 120
County JOHNSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 06640

RIDGEVIEW ASSISTED LIVING CENTER

13134 STATE HIGHWAY 25
 DEXTER MO 63841-9740
Mailing Address 13134 STATE HIGHWAY 25
 DEXTER MO 63841-9740

Telephone (573) 624-4433 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 26
County STODDARD **DMH Licensed** No
Region 2 **Facility Number** 10128

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

RIDGEVIEW LIVING COMMUNITY

500 BARRETT DRIVE
 MALDEN MO 63863-1204
Mailing Address 500 BARRETT DRIVE
 MALDEN MO 63863-1204

Telephone (573) 276-3843 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 96
County DUNKLIN **DMH Licensed** No
Region 2 Medicare/Medicaid Facility Number 06656

RIDGEWAY RESIDENTIAL CARE

431 RUSSELL
 SULLIVAN MO 63080-2228
Mailing Address PO BOX 267
 SULLIVAN MO 63080-0267

Telephone (573) 468-4318 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 20
County FRANKLIN **DMH Licensed** Yes
Region 6 Facility Number 06668

RIVER CITY LIVING COMMUNITY

3038 WEST TRUMAN BLVD
 JEFFERSON CITY MO 65109-0525
Mailing Address 3038 WEST TRUMAN BLVD
 JEFFERSON CITY MO 65109-0525

Telephone (573) 893-3404 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 87
County COLE **DMH Licensed** No
Region 6 Medicare/Medicaid Facility Number 04826

RIVER CROSSING OF CREVE COEUR

11278 SCHUETZ RD
 SAINT LOUIS MO 63146-4957
Mailing Address 11278 SCHUETZ RD
 SAINT LOUIS MO 63146-4957

Telephone (314) 991-4066 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 16378

RIVER MIST - ASSISTED LIVING BY AMERICARE

2050 WEST MAUD
 POPLAR BLUFF MO 63901-4000
Mailing Address 2050 WEST MAUD
 POPLAR BLUFF MO 63901-4000

Telephone (573) 686-2833 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 42
County BUTLER **DMH Licensed** No
Region 2 Facility Number 20291

RIVER OAKS CARE CENTER

1001 NORTH WALNUT
 STEELE MO 63877-1355
Mailing Address 1001 N WALNUT
 STEELE MO 63877-1355

Telephone (573) 695-2121 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 90
County PEMISCOT **DMH Licensed** No
Region 2 Medicare/Medicaid Facility Number 06672

RIVERBEND HEIGHTS HEALTH & REHABILITATION

1221 HIGHWAY 13 SOUTH
 LEXINGTON MO 64067-7187
Mailing Address 1221 HIGHWAY 13 SOUTH
 LEXINGTON MO 64067-7187

Telephone (660) 259-4695 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 154
County LAFAYETTE **DMH Licensed** No
Region 3 Medicare/Medicaid Facility Number 04333

RIVERDELL CARE CENTER

1121 11TH ST
 BOONVILLE MO 65233-1419
Mailing Address 1121 11TH ST
 BOONVILLE MO 65233-1419

Telephone (660) 882-7600 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County COOPER **DMH Licensed** No
Region 6 Medicare/Medicaid Facility Number 14428

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

RIVERSIDE NURSING & REHABILITATION CENTER, LLC

4700 NW CLIFFVIEW DR
 RIVERSIDE MO 64150-1237
Mailing Address 4700 NW CLIFFVIEW DR
 RIVERSIDE MO 64150-1237

Telephone (816) 741-5105 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 180
County PLATTE **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 01532

RIVERSIDE PLACE

1616 WEISENBORN RD
 SAINT JOSEPH MO 64507-2527
Mailing Address 1616 WEISENBORN RD
 SAINT JOSEPH MO 64507-2527

Telephone (816) 232-9874 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 100
County BUCHANAN **DMH Licensed** Yes
Region 4 **Facility Number** 10346

RIVERSIDE PLACE

1616 WEISENBORN RD
 SAINT JOSEPH MO 64507-2527
Mailing Address 1616 WEISENBORN RD
 SAINT JOSEPH MO 64508-2527

Telephone (816) 232-9874 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 90
County BUCHANAN **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 10346

RIVERVIEW AT THE PARK CARE AND REHABILITATION CENTER

1100 PROGRESS PARKWAY
 SAINTE GENEVIEVE MO 63670-9232
Mailing Address 1100 PROGRESS PARKWAY
 SAINTE GENEVIEVE MO 63670-9232

Telephone (573) 883-3454 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 120
County SAINTE GENEVIEVE **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 06729

RIVERVIEW NURSING CENTER

10303 STATE RD C
 MOKANE MO 65059-1211
Mailing Address 10303 STATE RD C
 MOKANE MO 65059-1211

Telephone (573) 676-3136 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County CALLAWAY **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 06730

RIVERVIEW RESIDENTIAL PLACE

1200 WEST HALL ST
 OZARK MO 65721-9103
Mailing Address PO BOX 157
 OZARK MO 65721-0157

Telephone (417) 581-2510 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 40
County CHRISTIAN **DMH Licensed** No
Region 1 **Facility Number** 01426

RIVERVIEW, THE

5500 SOUTH BROADWAY
 SAINT LOUIS MO 63111-2025
Mailing Address 5500 S BROADWAY
 SAINT LOUIS MO 63111-2025

Telephone (314) 353-5900 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 130
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 02273

RIVERVIEW, THE

5500 SOUTH BROADWAY
 SAINT LOUIS MO 63111-2025
Mailing Address 5500 S BROADWAY
 SAINT LOUIS MO 63111-2025

Telephone (314) 353-5900 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 11
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 **Facility Number** 02273

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

RIVERWAYS MANOR

403 WATERCRESS RD
 VAN BUREN MO 63965-9100
Mailing Address PO BOX 969
 VAN BUREN MO 63965-0969

Telephone (573) 323-4282 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County CARTER **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 06744

ROARING RIVER HEALTH AND REHABILITATION

812 OLD EXETER RD
 CASSVILLE MO 65625-1704
Mailing Address 812 OLD EXETER RD
 CASSVILLE MO 65625-1704

Telephone (417) 847-2184 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 90
County BARRY **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 10644

ROCK ISLAND VILLAGE

619 EAST 8TH STREET
 ELDON MO 65026-4740
Mailing Address 619 EAST 8TH STREET
 ELDON MO 65026-4740

Telephone (573) 557-9545 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 70
County MILLER **DMH Licensed** No
Region 6 **Facility Number** 30865

ROCK POINT NURSING CENTER

8477 NORTH STREET
 BIRCH TREE MO 65438-8887
Mailing Address 8477 NORTH STREET
 BIRCH TREE MO 65438-8887

Telephone (573) 292-3212 **Alzheimer's Unit** YES
Level of Care: SNF **Bed Capacity** 86
County SHANNON **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 00560

ROCKHILL MANOR ASSISTED LIVING

4235 LOCUST ST
 KANSAS CITY MO 64110-1016
Mailing Address PO BOX 5930
 KANSAS CITY MO 64171-0930

Telephone (816) 931-2225 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 36
County JACKSON **DMH Licensed** Yes
Region 3 **Facility Number** 06794

ROCKHILL MANOR ASSISTED LIVING

4235 LOCUST ST
 KANSAS CITY MO 64110-1016
Mailing Address PO BOX 5930
 KANSAS CITY MO 64171-0930

Telephone (816) 931-2225 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 154
County JACKSON **DMH Licensed** Yes
Region 3 **Facility Number** 06794

ROCKY RIDGE MANOR

3111 HIGHWAY A
 MANSFIELD MO 65704-8105
Mailing Address 3111 HWY A
 MANSFIELD MO 65704-8105

Telephone (417) 924-8116 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 65
County WRIGHT **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 04996

ROLLA HEALTH & REHABILITATION SUITES

1200 MCCUTCHEN RD
 ROLLA MO 65401-2615
Mailing Address 1200 MCCUTCHEN RD
 ROLLA MO 65401-2615

Telephone (573) 364-2311 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 116
County PHELPS **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 08862

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

ROLLA PRESBYTERIAN MANOR

1200 HOMELIFE PLAZA
 ROLLA MO 65401-2512
Mailing Address 1200 HOMELIFE PLAZA
 ROLLA MO 65401-2512

Telephone (573) 364-7336
Level of Care: ALF**
County PHELPS
Region 6

Alzheimer's Unit Yes
Bed Capacity 37
DMH Licensed No
Facility Number 18727

ROLLA PRESBYTERIAN MANOR

1200 HOMELIFE PLAZA
 ROLLA MO 65401-2512
Mailing Address 1200 HOMELIFE PLAZA
 ROLLA MO 65401-2512

Telephone (573) 364-7336
Level of Care: SNF
County PHELPS
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 30
DMH Licensed No
Facility Number 18727

ROSEWOOD REHAB AND HEALTHCARE CENTER

1415 WEST WHITE OAK
 INDEPENDENCE MO 64050-2590
Mailing Address 1415 WEST WHITE OAK
 INDEPENDENCE MO 64050-2590

Telephone (816) 254-3500
Level of Care: SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 300
DMH Licensed No
Facility Number 06604

ROSEWOOD RESIDENTIAL CARE

13450 COUNTY RD 7040
 ROLLA MO 65401-8122
Mailing Address 13450 COUNTY RD 7040
 ROLLA MO 65401-8122

Telephone (573) 341-8000
Level of Care: RCF
County PHELPS
Region 6

Alzheimer's Unit No
Bed Capacity 9
DMH Licensed No
Facility Number 21083

ROYAL OAK NURSING & REHAB

4960 LACLEDE AVE
 SAINT LOUIS MO 63108-1404
Mailing Address 4960 LACLEDE AVE
 SAINT LOUIS MO 63108-1404

Telephone (314) 361-6240
Level of Care: SNF
County SAINT LOUIS CITY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 168
DMH Licensed No
Facility Number 06322

ROYAL OAKS RESIDENCE

507 EAST MARSHALL
 SWEET SPRINGS MO 65351-9759
Mailing Address PO BOX 204
 SWEET SPRINGS MO 65351-0204

Telephone (660) 335-6500
Level of Care: ALF
County SALINE
Region 5

Alzheimer's Unit No
Bed Capacity 51
DMH Licensed Yes
Facility Number 14953

RUSSELL MANOR

510 EAST 2ND STREET
 ANNAPOLIS MO 63620-9104
Mailing Address 510 EAST 2ND STREET
 ANNAPOLIS MO 63620-9104

Telephone (573) 598-4202
Level of Care: RCF
County IRON
Region 2

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 06353

RUSSELL TOWNHOUSE

207 FRONT ST
 ANNAPOLIS MO 63620-9130
Mailing Address 207 FRONT ST
 ANNAPOLIS MO 63620-9130

Telephone (573) 223-3918
Level of Care: RCF
County IRON
Region 2

Alzheimer's Unit No
Bed Capacity 18
DMH Licensed Yes
Facility Number 20185

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

SADDLER RESIDENTIAL CARE FACILITY INC

730 HODIAMONT AVE
 SAINT LOUIS MO 63112-2002
Mailing Address 730 HODIAMONT AVE
 SAINT LOUIS MO 63112-2002

Telephone (314) 725-3709
Level of Care: ALF
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 16828

SALEM CARE CENTER

1203 NORTH JACKSON
 SALEM MO 65560-1076
Mailing Address PO BOX 29
 SALEM MO 65560-0029

Telephone (573) 729-6649
Level of Care: SNF
County DENT
Region 6 **Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 02354

SALEM RESIDENTIAL CARE

1207 EAST ROOSEVELT ST
 SALEM MO 65560-9676
Mailing Address 1207 EAST ROOSEVELT ST
 SALEM MO 65560-9676

Telephone (573) 729-9449
Level of Care: RCF*
County DENT
Region 6

Alzheimer's Unit No
Bed Capacity 35
DMH Licensed No
Facility Number 19746

SALT RIVER COMMUNITY CARE

142 SHELBY PLAZA RD
 SHELBY MO 63468-1065
Mailing Address PO BOX 529
 SHELBY MO 63468-0529

Telephone (573) 588-4175
Level of Care: SNF
County SHELBY
Region 5 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 06934

SARCOXIE NURSING CENTER

1505 MINER
 SARCOXIE MO 64862-9211
Mailing Address PO BOX 248
 SARCOXIE MO 64862-0248

Telephone (417) 548-3434
Level of Care: SNF
County JASPER
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed No
Facility Number 06864

SCENIC NURSING AND REHABILITATION CENTER, LLC

1333 SCENIC DR
 HERCULANEUM MO 63048-1550
Mailing Address 1333 SCENIC DR
 HERCULANEUM MO 63048-1550

Telephone (636) 931-2995
Level of Care: SNF
County JEFFERSON
Region 2 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 189
DMH Licensed No
Facility Number 09605

SCHUYLER COUNTY NURSING HOME

1306 US HIGHWAY 63
 QUEEN CITY MO 63561-2251
Mailing Address 1306 US HIGHWAY 63
 QUEEN CITY MO 63561-2251

Telephone (660) 766-2291
Level of Care: SNF
County SCHUYLER
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 07004

SEASONS REHAB AND HEALTHCARE CENTER

15600 WOODS CHAPEL RD
 KANSAS CITY MO 64139-1261
Mailing Address 15600 WOODS CHAPEL RD
 KANSAS CITY MO 64139-1261

Telephone (816) 478-4757
Level of Care: SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 78
DMH Licensed No
Facility Number 23712

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

SECRET GARDENS

351 KEITH ST
 PARK HILLS MO 63601-2049
Mailing Address PO BOX 481
 PARK HILLS MO 63601-0481

Telephone (573) 518-0444
Level of Care: RCF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 10
DMH Licensed Yes
Facility Number 17813

SENATH SOUTH HEALTH CARE CENTER

300 EAST HORNBECK ST
 SENATH MO 63876-9225
Mailing Address PO BOX 940
 SENATH MO 63876-0940

Telephone (573) 738-2627
Level of Care: SNF
County DUNKLIN
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 150
DMH Licensed No
Facility Number 16147

SENECA HOME PLACE

2400 SOUTH CHEROKEE AVE
 SENECA MO 64865-9323
Mailing Address 2400 SOUTH CHEROKEE AVE
 SENECA MO 64865-9323

Telephone (417) 776-8053
Level of Care: RCF*
County NEWTON
Region 1

Alzheimer's Unit No
Bed Capacity 30
DMH Licensed No
Facility Number 17571

SENECA HOUSE

914 CHICKESAW ST
 SENECA MO 64865-9281
Mailing Address 914 CHICKESAW ST
 SENECA MO 64865-9281

Telephone (417) 776-8041
Level of Care: SNF
County NEWTON
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 80
DMH Licensed No
Facility Number 17090

SEVILLE CARE CENTER

35625 HIGHWAY 72
 SALEM MO 65560-7217
Mailing Address PO BOX 746
 SALEM MO 65560-0746

Telephone (573) 729-6141
Level of Care: SNF
County DENT
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 90
DMH Licensed No
Facility Number 07110

SHADY OAKS HEALTHCARE CENTER

335 BUSINESS ROUTE 63
 THAYER MO 65791-1415
Mailing Address 335 BUSINESS ROUTE 63
 THAYER MO 65791-1415

Telephone (417) 264-7256
Level of Care: SNF
County OREGON
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 01364

SHANGRI-LA REHAB & LIVING CENTER

930 NORTH EAST DUNCAN RD
 BLUE SPRINGS MO 64014-2173
Mailing Address 930 NORTH EAST DUNCAN RD
 BLUE SPRINGS MO 64014-2173

Telephone (816) 229-6677
Level of Care: SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 00677

SHELBINA VILLA LIFECARE

218 EAST SHELBINA AVE
 SHELBINA MO 63468-4328
Mailing Address 218 EAST SHELBINA AVE
 SHELBINA MO 63468-4328

Telephone (573) 588-4115
Level of Care: ALF**
County SHELBY
Region 5

Alzheimer's Unit No
Bed Capacity 68
DMH Licensed No
Facility Number 18584

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

SHEPHERD OF THE HILLS LIVING CENTER

996 STATE HIGHWAY 248
 BRANSON MO 65616-8154
Mailing Address 996 STATE HWY 248
 BRANSON MO 65616-8154

Telephone (417) 334-6431 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 100
County TANEY **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 06810

SHEPHERD'S VIEW ASSISTED LIVING

100 SHEPHERDS LN
 ALTON MO 65606-0429
Mailing Address PO BOX 429
 ALTON MO 65606-0429

Telephone (417) 778-7959 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 39
County OREGON **DMH Licensed** No
Region 2 **Facility Number** 23135

SHIRKEY NURSING & REHABILITATION CENTER

804 WOLLARD BLVD
 RICHMOND MO 64085-2227
Mailing Address 804 WOLLARD BLVD
 RICHMOND MO 64085-2227

Telephone (816) 776-5403 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 197
County RAY **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 07289

SIKESTON CONVALESCENT CENTER

103 KENNEDY DR
 SIKESTON MO 63801-5126
Mailing Address 103 KENNEDY DR
 SIKESTON MO 63801-5126

Telephone (573) 471-6900 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 120
County SCOTT **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 07331

SILEX COMMUNITY CARE

111 DUNCAN MANSION RD
 SILEX MO 63377-2229
Mailing Address 111 DUNCAN MANSION RD
 SILEX MO 63377-2229

Telephone (573) 384-5218 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County LINCOLN **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 06838

SILEX RESIDENTIAL HOME, LLC

145 DUNCAN MANSION RD
 SILEX MO 63377-2229
Mailing Address 145 DUNCAN MANSION RD
 SILEX MO 63377-2229

Telephone (573) 384-5213 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 60
County LINCOLN **DMH Licensed** Yes
Region 5 **Facility Number** 20982

SILVER CREEK - ASSISTED LIVING BY AMERICARE

3325 TEXAS AVE
 JOPLIN MO 64804-4343
Mailing Address 3325 TEXAS AVE
 JOPLIN MO 64804-4343

Telephone (417) 626-8100 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 68
County NEWTON **DMH Licensed** No
Region 1 **Facility Number** 20541

SILVER SPUR

3300 TEXAS AVE
 SAINT LOUIS MO 63118-3111
Mailing Address 3300 TEXAS AVE
 SAINT LOUIS MO 63118-3111

Telephone (314) 773-3408 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 37
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 **Facility Number** 00185

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

SILVERADO LEE'S SUMMIT

3101 SW 3RD STREET
 LEE'S SUMMIT MO 64081-4060
Mailing Address 3101 SW 3RD STREET
 LEE'S SUMMIT MO 64081-4060

Telephone (816) 321-1648
Level of Care: ALF**
County JACKSON
Region 3

Alzheimer's Unit Yes
Bed Capacity 54
DMH Licensed No
Facility Number 31077

SILVERSTONE PLACE

2735 EAGLESON DR
 ROLLA MO 65401-8384
Mailing Address 2735 EAGLESON DR
 ROLLA MO 65401-8384

Telephone (573) 426-6200
Level of Care: SNF
County PHELPS
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 110
DMH Licensed No
Facility Number 29351

SISTERS MISSION

3225 N FLORISSANT AVE
 SAINT LOUIS MO 63107-3521
Mailing Address 3225 N FLORISSANT AVE
 SAINT LOUIS MO 63107-3521

Telephone (314) 421-6022
Level of Care: SNF
County SAINT LOUIS CITY
Region 7 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 47
DMH Licensed No
Facility Number 04563

SKYLINE ASSISTED LIVING LLC

100 HARD ROCK RD
 VAN BUREN MO 63965-7259
Mailing Address PO BOX 780
 VAN BUREN MO 63965-0780

Telephone (573) 323-2108
Level of Care: ALF**
County CARTER
Region 2

Alzheimer's Unit No
Bed Capacity 24
DMH Licensed Yes
Facility Number 29947

SMILEY MANOR LLC

5415 THEKLA AVE
 SAINT LOUIS MO 63120-2513
Mailing Address 5415 THEKLA AVE
 SAINT LOUIS MO 63120-2513

Telephone (314) 932-1360
Level of Care: RCF
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 04078

SMILEY MANOR WEST

1119 GOODFELLOW BLVD
 SAINT LOUIS MO 63112-
Mailing Address 1119 GOODFELLOW BLVD
 SAINT LOUIS MO 63112-

Telephone (314) 833-3238
Level of Care: RCF
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 27
DMH Licensed No
Facility Number 31147

SONSHINE MANOR

300 SOUTH COTTONWOOD AVE
 REPUBLIC MO 65738-2093
Mailing Address 300 SOUTH COTTONWOOD AVE
 REPUBLIC MO 65738-2093

Telephone (417) 732-2929
Level of Care: SNF
County GREENE
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 69
DMH Licensed No
Facility Number 16723

SOUTH COUNTY NURSING HOME, INC

1101 WEST OUTER 21 RD
 ARNOLD MO 63010-4644
Mailing Address 1101 WEST OUTER 21 RD
 ARNOLD MO 63010-4644

Telephone (636) 296-5455
Level of Care: SNF
County JEFFERSON
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 153
DMH Licensed No
Facility Number 03650

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

SOUTH HAMPTON PLACE

4700 BRANDON WOODS
 COLUMBIA MO 65203-7169
Mailing Address 4700 BRANDON WOODS
 COLUMBIA MO 65203-7169

Telephone (573) 874-3674 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 100
County BOONE **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 19799

SOUTH HAVEN RESIDENTIAL CARE CENTER, LLC

10462 AIRPORT RD
 MINERAL POINT MO 63660-9325
Mailing Address 10462 AIRPORT RD
 MINERAL POINT MO 63660-9325

Telephone (573) 438-4150 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 20
County WASHINGTON **DMH Licensed** Yes
Region 2 **Facility Number** 10529

SOUTH POINTE - ASSISTED LIVING BY AMERICARE

5125 OLD HWY 100
 WASHINGTON MO 63090-3855
Mailing Address 5125 OLD HWY 100
 WASHINGTON MO 63090-3855

Telephone (636) 239-0670 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 72
County FRANKLIN **DMH Licensed** No
Region 6 **Facility Number** 13735

SOUTH VIEW HEALTH CARE, LLC

951 CREAMERY ROAD
 WEST PLAINS MO 65775-6052
Mailing Address PO BOX 88
 WEST PLAINS MO 65775-0088

Telephone (417) 255-9322 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 32
County HOWELL **DMH Licensed** Yes
Region 1 **Facility Number** 23567

SOUTHAVEN

612 SOUTH BYPASS EAST
 KENNETT MO 63857-3240
Mailing Address 612 SOUTH BYPASS EAST
 KENNETT MO 63857-3240

Telephone (573) 888-9213 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 36
County DUNKLIN **DMH Licensed** No
Region 2 **Facility Number** 24336

SOUTHBROOK - SKILLED NURSING BY AMERICARE

1108 WEST LIBERTY
 FARMINGTON MO 63640-1922
Mailing Address 1108 WEST LIBERTY
 FARMINGTON MO 63640-1922

Telephone (573) 756-6658 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 104
County SAINT FRANCOIS **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 02577

SOUTHGATE LIVING CENTER

500 TRUMAN BLVD
 CARUTHERSVILLE MO 63830-1261
Mailing Address 500 TRUMAN BLVD
 CARUTHERSVILLE MO 63830-1261

Telephone (573) 333-5150 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 94
County PEMISCOT **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 01081

SOUTHSIDE TOWNE HOUSE

510 SOUTH WASHINGTON
 MEXICO MO 65265-2786
Mailing Address PO BOX 6
 MEXICO MO 65265-0006

Telephone (573) 581-3203 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 12
County AUDRAIN **DMH Licensed** Yes
Region 5 **Facility Number** 16987

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

SOUTHVIEW ASSISTED LIVING

9916 REAVIS ROAD
 AFFTON MO 63123-5314
Mailing Address 9916 REAVIS RD
 AFFTON MO 63123-5314

Telephone (314) 544-4440 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 116
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 28446

SPECIAL FORCE FAMILY MINISTRIES

428 SOUTH HARRISON ST
 NIXA MO 65714-7809
Mailing Address PO BOX 882
 NIXA MO 65714-0882

Telephone (417) 725-7917 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 12
County CHRISTIAN **DMH Licensed** Yes
Region 1 **Facility Number** 18764

SPENCER PLACE - ASSISTED LIVING BY AMERICARE

265 SPENCER RD
 SAINT PETERS MO 63376-2430
Mailing Address 265 SPENCER RD
 SAINT PETERS MO 63376-2430

Telephone (636) 441-6662 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 74
County SAINT CHARLES **DMH Licensed** No
Region 5 **Facility Number** 13294

SPRING MANOR

3610 PALM ST
 SAINT LOUIS MO 63107-2505
Mailing Address 3610 PALM ST
 SAINT LOUIS MO 63107-2505

Telephone (314) 533-3111 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 94
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 **Facility Number** 28552

SPRING RIDGE - ASSISTED LIVING BY AMERICARE

2828 SOUTH MEADOWBROOK
 SPRINGFIELD MO 65807-5925
Mailing Address 2828 SOUTH MEADOWBROOK
 SPRINGFIELD MO 65807-5925

Telephone (417) 889-7100 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 44
County GREENE **DMH Licensed** No
Region 1 **Facility Number** 19713

SPRING RIVER CHRISTIAN VILLAGE, INC

201 S NORTHPARK LN
 JOPLIN MO 64801-8426
Mailing Address 201 S NORTHPARK LN
 JOPLIN MO 64801-8426

Telephone (417) 623-4313 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County JASPER **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 14251

SPRING RIVER CHRISTIAN VILLAGE, INC

201 S NORTHPARK LN
 JOPLIN MO 64801-8426
Mailing Address 201 S NORTHPARK LN
 JOPLIN MO 64801-8426

Telephone (417) 623-4313 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 93
County JASPER **DMH Licensed** No
Region 1 **Facility Number** 14251

SPRING VALLEY ASSISTED LIVING

2915 SOUTH FREMONT AVE
 SPRINGFIELD MO 65804-3608
Mailing Address 2915 SOUTH FREMONT AVE
 SPRINGFIELD MO 65804-3608

Telephone (417) 883-4022 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 40
County GREENE **DMH Licensed** No
Region 1 **Facility Number** 00144

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

SPRING VALLEY HEALTH & REHABILITATION CENTER

2915 SOUTH FREMONT AVE
 SPRINGFIELD MO 65804-3608
Mailing Address 2915 SOUTH FREMONT AVE
 SPRINGFIELD MO 65804-3608

Telephone (417) 883-4022 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 194
County GREENE **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 00144

SPRINGFIELD REHABILITATION & HEALTH CARE CENTER

2800 S FORT AVE
 SPRINGFIELD MO 65807-3480
Mailing Address PO BOX 3438 GS
 SPRINGFIELD MO 65808-3438

Telephone (417) 882-0035 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 146
County GREENE **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 07460

SPRINGFIELD SKILLED CARE CENTER

2401 W GRAND ST
 SPRINGFIELD MO 65802-4967
Mailing Address 2401 W GRAND ST
 SPRINGFIELD MO 65802-4967

Telephone (417) 864-4545 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County GREENE **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 09756

SPRINGFIELD VILLA

1100 EAST MONTCLAIR
 SPRINGFIELD MO 65807-5076
Mailing Address 1100 EAST MONTCLAIR
 SPRINGFIELD MO 65807-5076

Telephone (417) 569-1114 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 146
County GREENE **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 05280

SPRINGHOUSE VILLAGE EAST, LLC

3877 EAST FARM ROAD 132
 SPRINGFIELD MO 65802-
Mailing Address 3877 EAST FARM ROAD 132
 SPRINGFIELD MO 65802-

Telephone (417) 877-1717 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 100
County GREENE **DMH Licensed** No
Region 1 **Facility Number** 32469

ST AGNES HOME

10341 MANCHESTER RD
 KIRKWOOD MO 63122-1520
Mailing Address 10341 MANCHESTER RD
 KIRKWOOD MO 63122-1520

Telephone (314) 965-7616 **Alzheimer's Unit** No
Level of Care: ICF **Bed Capacity** 150
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 07481

ST ANDREW'S ASSISTED LIVING OF BRIDGETON

11325 ST CHARLES ROCK RD
 BRIDGETON MO 63044-2722
Mailing Address 11325 ST CHARLES ROCK RD
 BRIDGETON MO 63044-2722

Telephone (314) 209-1177 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 35
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 22810

ST ANDREW'S AT FRANCIS PLACE

400 SUMMERVILLE BLVD
 EUREKA MO 63025-2316
Mailing Address 400 SUMMERVILLE BLVD
 EUREKA MO 63025-2316

Telephone (636) 938-5151 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 106
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 06430

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

ST ANDREW'S AT NEW FLORENCE

515 PICNIC ST
 NEW FLORENCE MO 63363-2223
Mailing Address 515 PICNIC ST
 NEW FLORENCE MO 63363-2223

Telephone (573) 415-9333 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 87
County MONTGOMERY **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 05723

ST ANDREW'S AT NEW FLORENCE

515 PICNIC ST
 NEW FLORENCE MO 63363-2223
Mailing Address 515 PICNIC ST
 NEW FLORENCE MO 63363-2223

Telephone (573) 415-9333 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 33
County MONTGOMERY **DMH Licensed** No
Region 6 **Facility Number** 05723

ST ANN ASSISTED LIVING CENTER

10441 INTERNATIONAL PLAZA DR
 SAINT ANN MO 63074-1805
Mailing Address 10441 INTERNATIONAL PLAZA DR
 SAINT ANN MO 63074-1805

Telephone (314) 423-1254 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 40
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 21994

ST ANTHONY'S

1010 EAST 68TH STREET
 KANSAS CITY MO 64131-
Mailing Address 1010 EAST 68TH STREET
 KANSAS CITY MO 64131-

Telephone (816) 846-0870 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 81
County JACKSON **DMH Licensed** No
Region 3 **Facility Number** 32075

ST CLAIR NURSING CENTER

1035 PLAZA COURT NORTH
 SAINT CLAIR MO 63077-1129
Mailing Address 1035 PLAZA CT NORTH
 SAINT CLAIR MO 63077-1129

Telephone (636) 629-2100 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 79
County FRANKLIN **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 13744

ST ELIZABETH CARE CENTER

649 SOUTH WALNUT ST
 SAINT ELIZABETH MO 65075-2440
Mailing Address 649 SOUTH WALNUT ST
 SAINT ELIZABETH MO 65075-2440

Telephone (573) 493-2215 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 63
County MILLER **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 07523

ST ELIZABETH HALL

325 NORTH NEWSTEAD AVE
 SAINT LOUIS MO 63108-2707
Mailing Address 325 N NEWSTEAD AVE
 SAINT LOUIS MO 63108-2707

Telephone (314) 652-9525 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 50
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 **Facility Number** 07516

ST FRANCIS PARK - ASSISTED LIVING BY AMERICARE

1806 SAINT FRANCIS ST
 KENNETT MO 63857-1568
Mailing Address PO BOX 629
 KENNETT MO 63857-0629

Telephone (573) 888-1188 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 50
County DUNKLIN **DMH Licensed** No
Region 2 **Facility Number** 18903

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

ST FRANCOIS MANOR

1180 OLD JACKSON RD
 FARMINGTON MO 63640-3428
Mailing Address 1180 OLD JACKSON RD
 FARMINGTON MO 63640-3428

Telephone (573) 760-1700
Level of Care: RCF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 11
DMH Licensed Yes
Facility Number 21512

ST FRANCOIS MANOR

1180 OLD JACKSON RD
 FARMINGTON MO 63640-3428
Mailing Address 1180 OLD JACKSON RD
 FARMINGTON MO 63640-3428

Telephone (573) 760-1700
Level of Care: SNF
County SAINT FRANCOIS
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 118
DMH Licensed No
Facility Number 21512

ST FRANCOIS MANOR

1180 OLD JACKSON RD
 FARMINGTON MO 63640-3428
Mailing Address 1180 OLD JACKSON RD
 FARMINGTON MO 63640-3428

Telephone (573) 760-1700
Level of Care: RCF*
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 29
DMH Licensed Yes
Facility Number 21512

ST GENEVIEVE CARE CENTER, INC

1010 STE GENEVIEVE DR
 SAINTE GENEVIEVE MO 63670-1447
Mailing Address PO BOX 426
 SAINTE GENEVIEVE MO 63670-0426

Telephone (573) 883-5725
Level of Care: SNF
County SAINTE GENEVIEVE
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 90
DMH Licensed No
Facility Number 03254

ST JAMES LIVING CENTER

415 SIDNEY ST
 SAINT JAMES MO 65559-1070
Mailing Address PO BOX 69
 SAINT JAMES MO 65559-0069

Telephone (573) 265-8921
Level of Care: SNF
County PHELPS
Region 6 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 05238

ST JOE MANOR

10 LAKE DR
 BONNE TERRE MO 63628-1820
Mailing Address 10 LAKE DR
 BONNE TERRE MO 63628-1820

Telephone (573) 358-2800
Level of Care: ALF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit Yes
Bed Capacity 10
DMH Licensed No
Facility Number 22664

ST JOE MANOR

10 LAKE DR
 BONNE TERRE MO 63628-1820
Mailing Address 10 LAKE DR
 BONNE TERRE MO 63628-1820

Telephone (573) 358-2800
Level of Care: ALF**
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 36
DMH Licensed No
Facility Number 22664

ST JOE MANOR

10 LAKE DR
 BONNE TERRE MO 63628-1820
Mailing Address 10 LAKE DR
 BONNE TERRE MO 63628-1820

Telephone (573) 358-2800
Level of Care: SNF
County SAINT FRANCOIS
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 135
DMH Licensed No
Facility Number 22664

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

ST JOHNS PLACE

3333 BROWN ROAD
 SAINT LOUIS MO 63114-4327
Mailing Address 3333 BROWN RD
 SAINT LOUIS MO 63114-4327

Telephone (314) 426-2211 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 94
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 18454

ST JOSEPH CHATEAU

811 NORTH 9TH ST
 SAINT JOSEPH MO 64501-1651
Mailing Address 811 NORTH 9TH ST
 SAINT JOSEPH MO 64508-1651

Telephone (816) 233-5164 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 69
County BUCHANAN **DMH Licensed** No
Region 4 Medicare/Medicaid Facility Number 07532

ST JOSEPH SENIOR LIVING

1317 NORTH 36TH ST
 SAINT JOSEPH MO 64506-2359
Mailing Address 1317 N 36TH ST
 SAINT JOSEPH MO 64506-2359

Telephone (816) 676-1630 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 110
County BUCHANAN **DMH Licensed** No
Region 4 Medicare/Medicaid Facility Number 00526

ST JOSEPH'S BLUFFS

1306 WEST MAIN ST
 JEFFERSON CITY MO 65109-1356
Mailing Address 1306 WEST MAIN ST
 JEFFERSON CITY MO 65109-1356

Telephone (573) 635-0166 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 69
County COLE **DMH Licensed** No
Region 6 Medicare/Medicaid Facility Number 07572

ST LOUIS ALTENHEIM

5408 SOUTH BROADWAY
 SAINT LOUIS MO 63111-2023
Mailing Address 5408 S BROADWAY
 SAINT LOUIS MO 63111-2023

Telephone (314) 353-7225 **Alzheimer's Unit** No
Level of Care: ICF **Bed Capacity** 24
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 Facility Number 07585

ST LOUIS ALTENHEIM

5408 SOUTH BROADWAY
 SAINT LOUIS MO 63111-2023
Mailing Address 5408 SOUTH BROADWAY
 SAINT LOUIS MO 63111-2023

Telephone (314) 353-7225 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 24
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 Medicaid Facility Number 07585

ST LOUIS ALTENHEIM

5408 SOUTH BROADWAY
 SAINT LOUIS MO 63111-2023
Mailing Address 5408 SOUTH BROADWAY
 SAINT LOUIS MO 63111-2023

Telephone (314) 353-7225 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 23
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 Facility Number 07585

ST LOUIS HILLS ASSISTED LIVING AND MEMORY CARE

6543 CHIPPEWA ST
 SAINT LOUIS MO 63109-4100
Mailing Address 6543 CHIPPEWA ST
 SAINT LOUIS MO 63109-4100

Telephone (314) 647-6600 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 181
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 Facility Number 07594

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

ST LOUIS PLACE HEALTH & REHABILITATION

2600 REDMAN RD
 SAINT LOUIS MO 63136-5863
Mailing Address 2600 REDMAN RD
 SAINT LOUIS MO 63136-5863

Telephone (314) 355-8585 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 18697

ST LUKE'S CARE CENTER, INC

1220 EAST FAIRVIEW AVE
 CARTHAGE MO 64836-3122
Mailing Address 1220 EAST FAIRVIEW AVE
 CARTHAGE MO 64836-3122

Telephone (417) 358-9084 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 41
County JASPER **DMH Licensed** No
Region 1 Facility Number 07606

ST LUKE'S NURSING CENTER, INC

1220 EAST FAIRVIEW AVE
 CARTHAGE MO 64836-3122
Mailing Address 1220 EAST FAIRVIEW AVE
 CARTHAGE MO 64836-3122

Telephone (417) 358-9084 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 95
County JASPER **DMH Licensed** No
Region 1 Medicare/Medicaid Facility Number 07606

ST PETERS MANOR CARE CENTER

230 SPENCER RD
 SAINT PETERS MO 63376-2425
Mailing Address 230 SPENCER RD
 SAINT PETERS MO 63376-2425

Telephone (636) 441-2750 **Alzheimer's Unit** NO
Level of Care: SNF **Bed Capacity** 96
County SAINT CHARLES **DMH Licensed** No
Region 5 Medicare/Medicaid Facility Number 07613

ST SOPHIA HEALTH & REHABILITATION CENTER

936 CHARBONIER RD
 FLORISSANT MO 63031-5220
Mailing Address 936 CHARBONIER RD
 FLORISSANT MO 63031-5220

Telephone (314) 831-4800 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 240
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 07631

STAR CARE

1606 SOUTH 38TH ST
 SAINT JOSEPH MO 64507-2216
Mailing Address PO BOX 8923
 SAINT JOSEPH MO 64508-8923

Telephone (816) 390-8941 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 18
County BUCHANAN **DMH Licensed** Yes
Region 4 Facility Number 00920

STEELVILLE SENIOR LIVING

311 NORTH SPRING ST
 STEELVILLE MO 65565-5089
Mailing Address 311 NORTH SPRING ST
 STEELVILLE MO 65565-5089

Telephone (573) 260-8850 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 72
County CRAWFORD **DMH Licensed** No
Region 6 Medicare/Medicaid Facility Number 02860

STEELVILLE SENIOR LIVING

311 NORTH SPRING ST
 STEELVILLE MO 65565-5089
Mailing Address 311 NORTH SPRING ST
 STEELVILLE MO 65565-5089

Telephone (573) 260-8850 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 21
County CRAWFORD **DMH Licensed** No
Region 6 Facility Number 02860

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

STONEBRIDGE ADAMS STREET

1024 ADAMS ST
JEFFERSON CITY MO 65101-3408
Mailing Address 1024 ADAMS ST
JEFFERSON CITY MO 65101-3408

Telephone (573) 635-1320 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County COLE **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 01339

STONEBRIDGE CHILLICOTHE

2601 FAIR ST
CHILLICOTHE MO 64601-3525
Mailing Address 2601 FAIR ST
CHILLICOTHE MO 64601-3525

Telephone (660) 646-4123 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 75
County LIVINGSTON **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 03833

STONEBRIDGE CHILLICOTHE

2601 FAIR ST
CHILLICOTHE MO 64601-3525
Mailing Address 2601 FAIR ST
CHILLICOTHE MO 64601-3525

Telephone (660) 646-4123 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 40
County LIVINGSTON **DMH Licensed** No
Region 4 **Facility Number** 03833

STONEBRIDGE DESOTO

1550 VILLAS DR
DE SOTO MO 63020-2586
Mailing Address 1550 VILLAS DR
DE SOTO MO 63020-2586

Telephone (636) 586-6559 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 80
County JEFFERSON **DMH Licensed** No
Region 2 **Facility Number** 13501

STONEBRIDGE DESOTO

1550 VILLAS DR
DE SOTO MO 63020-2586
Mailing Address 1550 VILLAS DR
DE SOTO MO 63020-2586

Telephone (636) 586-6559 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 56
County JEFFERSON **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 13501

STONEBRIDGE FLORISSANT

6768 NORTH HIGHWAY 67
FLORISSANT MO 63034-2742
Mailing Address 6768 NORTH HWY 67
FLORISSANT MO 63034-2742

Telephone (314) 741-9101 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 14200

STONEBRIDGE HERMANN

1800 WEIN ST
HERMANN MO 65041-1601
Mailing Address PO BOX 468
HERMANN MO 65041-0468

Telephone (573) 486-3155 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 18
County GASCONADE **DMH Licensed** No
Region 6 **Facility Number** 02690

STONEBRIDGE HERMANN

1800 WEIN ST
HERMANN MO 65041-1601
Mailing Address PO BOX 468
HERMANN MO 65041-0468

Telephone (573) 486-3155 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 118
County GASCONADE **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 02690

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

STONEBRIDGE LAKE OZARK

872 COLLEGE BLVD
 OSAGE BEACH MO 65065-8408
Mailing Address 872 COLLEGE BLVD
 OSAGE BEACH MO 65065-8408

Telephone (573) 302-0900 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 66
County MILLER **DMH Licensed** No
Region 6 Medicare/Medicaid Facility Number 20926

STONEBRIDGE LAKE OZARK

872 COLLEGE BLVD
 OSAGE BEACH MO 65065-8408
Mailing Address 872 COLLEGE BLVD
 OSAGE BEACH MO 65065-8408

Telephone (573) 302-0900 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 40
County MILLER **DMH Licensed** No
Region 6 Facility Number 20926

STONEBRIDGE MARBLE HILL

702 HIGHWAY 34 WEST
 MARBLE HILL MO 63764-4301
Mailing Address 702 HWY 34 WEST
 MARBLE HILL MO 63764-4301

Telephone (573) 238-2614 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 98
County BOLLINGER **DMH Licensed** No
Region 2 Medicare/Medicaid Facility Number 10864

STONEBRIDGE MARYLAND HEIGHTS

2963 DODDRIDGE AVE
 MARYLAND HEIGHTS MO 63043-1736
Mailing Address 2963 DODDRIDGE AVE
 MARYLAND HEIGHTS MO 63043-1736

Telephone (314) 291-4557 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 223
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 00855

STONEBRIDGE OAK TREE

3108 WEST TRUMAN BLVD
 JEFFERSON CITY MO 65109-4918
Mailing Address 3108 WEST TRUMAN BLVD
 JEFFERSON CITY MO 65109-4918

Telephone (573) 893-3063 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 80
County COLE **DMH Licensed** No
Region 6 Facility Number 10300

STONEBRIDGE OAK TREE

3108 WEST TRUMAN BLVD
 JEFFERSON CITY MO 65109-4918
Mailing Address 3108 WEST TRUMAN BLVD
 JEFFERSON CITY MO 65109-4918

Telephone (573) 893-3063 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 42
County COLE **DMH Licensed** No
Region 6 Medicare Facility Number 10300

STONEBRIDGE OWENSVILLE

1016 W HIGHWAY 28
 OWENSVILLE MO 65066-1677
Mailing Address PO BOX 593
 OWENSVILLE MO 65066-0593

Telephone (573) 437-6877 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 131
County GASCONADE **DMH Licensed** No
Region 6 Medicare/Medicaid Facility Number 19051

STONEBRIDGE VILLA MARIE

1030 EDMONDS ST
 JEFFERSON CITY MO 65109-5213
Mailing Address 1030 EDMONDS ST
 JEFFERSON CITY MO 65109-5213

Telephone (573) 635-3381 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 120
County COLE **DMH Licensed** No
Region 6 Medicare/Medicaid Facility Number 08282

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

STONEBRIDGE WESTPHALIA

1899 HIGHWAY 63
 WESTPHALIA MO 65085-2215
Mailing Address 1899 HWY 63
 WESTPHALIA MO 65085-2215

Telephone (573) 455-2280
Level of Care: RCF*
County OSAGE
Region 6

Alzheimer's Unit No
Bed Capacity 28
DMH Licensed No
Facility Number 18653

STONEBRIDGE WESTPHALIA

1899 HIGHWAY 63
 WESTPHALIA MO 65085-2215
Mailing Address 1899 HWY 63
 WESTPHALIA MO 65085-2215

Telephone (573) 455-2280
Level of Care: SNF
County OSAGE
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 64
DMH Licensed No
Facility Number 18653

STONECREST HEALTHCARE

2 HIGHWAY Y
 VIBURNUM MO 65566-0707
Mailing Address PO BOX 707
 VIBURNUM MO 65566-0707

Telephone (573) 244-3171
Level of Care: SNF
County IRON
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 16689

STONE RIDGE VILLAGE

25023 BOTHWELL PARK RD
 SEDALIA MO 65301-0084
Mailing Address 25023 BOTHWELL PARK RD
 SEDALIA MO 65301-0084

Telephone (660) 827-3993
Level of Care: RCF
County PETTIS
Region 6

Alzheimer's Unit No
Bed Capacity 81
DMH Licensed No
Facility Number 05035

STOVER'S RESIDENTIAL CARE FACILITY

520 EAST 5TH ST
 MILAN MO 63556-1222
Mailing Address 520 EAST 5TH ST
 MILAN MO 63556-1222

Telephone (660) 265-3262
Level of Care: RCF
County SULLIVAN
Region 5

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 07709

STRAFFORD CARE CENTER

505 WEST EVERGREEN
 STRAFFORD MO 65757-8625
Mailing Address 505 WEST EVERGREEN
 STRAFFORD MO 65757-8625

Telephone (417) 736-9332
Level of Care: SNF
County GREENE
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 78
DMH Licensed No
Facility Number 21285

STUART HOUSE, LLC THE

117 S HICKMAN
 CENTRALIA MO 65240-1316
Mailing Address 117 S HICKMAN
 CENTRALIA MO 65240-1316

Telephone (573) 682-3204
Level of Care: ICF
County BOONE
Region 6

Alzheimer's Unit No
Bed Capacity 27
DMH Licensed No
Facility Number 10146

STUBBLEFIELD RETIREMENT HOME

5349 HIGHWAY P
 CUBA MO 65453-6281
Mailing Address PO BOX 647
 CUBA MO 65453-0647

Telephone (573) 885-3661
Level of Care: RCF*
County CRAWFORD
Region 6

Alzheimer's Unit No
Bed Capacity 34
DMH Licensed Yes
Facility Number 17894

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

STURGEON RESIDENTIAL CARE

315 E STONE ST
 STURGEON MO 65284-8907
Mailing Address PO BOX 328
 STURGEON MO 65284-0328

Telephone (573) 687-3012
Level of Care: RCF
County BOONE
Region 6

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed No
Facility Number 07733

SUGAR CREEK - ASSISTED LIVING BY AMERICARE

161 PROFESSIONAL PARKWAY
 TROY MO 63379-2829
Mailing Address 161 PROFESSIONAL PRKWY
 TROY MO 63379-2829

Telephone (636) 528-3136
Level of Care: ALF**
County LINCOLN
Region 5

Alzheimer's Unit Yes
Bed Capacity 60
DMH Licensed No
Facility Number 26349

SUMMIT VILLA LIFECARE

229 KAREN DR
 HOLTS SUMMIT MO 65043-2522
Mailing Address 229 KAREN DR
 HOLTS SUMMIT MO 65043-2522

Telephone (573) 896-8567
Level of Care: ALF**
County CALLAWAY
Region 6

Alzheimer's Unit Yes
Bed Capacity 50
DMH Licensed No
Facility Number 21318

SUMMIT, THE

3660 SUMMIT
 KANSAS CITY MO 64111-4632
Mailing Address 3660 SUMMIT
 KANSAS CITY MO 64111-4632

Telephone (816) 931-1196
Level of Care: SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 64
DMH Licensed No
Facility Number 18330

SUMMITVIEW TERRACE ASSISTED LIVING BY AMERICARE

12101 EAST BANNISTER RD
 KANSAS CITY MO 64138-4913
Mailing Address 12101 EAST BANNISTER RD
 KANSAS CITY MO 64138-4913

Telephone (816) 763-6667
Level of Care: ALF**
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 52
DMH Licensed No
Facility Number 16311

SUNNY MEADOWS LIVING CENTER

419 NORTH PROSPECT AVE
 SEDALIA MO 65301-2729
Mailing Address 419 N PROSPECT AVE
 SEDALIA MO 65301-2729

Telephone (660) 826-5353
Level of Care: RCF
County PETTIS
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 06527

SUNNYHILL INDEPENDENCE CENTER

3343 ARMBRUSTER ROAD
 DE SOTO MO 63020-4506
Mailing Address 3343 ARMBRUSTER RD
 DE SOTO MO 63020-4506

Telephone (636) 586-2188
Level of Care: ALF**
County JEFFERSON
Region 2

Alzheimer's Unit No
Bed Capacity 32
DMH Licensed Yes
Facility Number 29674

SUNNYHILL RESIDENTIAL CARE FACILITY

134 GRAY ST
 FESTUS MO 63028-1949
Mailing Address PO BOX 356
 FESTUS MO 63028-0356

Telephone (636) 931-4701
Level of Care: RCF
County JEFFERSON
Region 2

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 07725

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

SUNNYHILLS RESIDENTIAL CARE FACILITY

17562 IMPERIAL RD
 CARTHAGE MO 64836-8753
Mailing Address 17562 IMPERIAL RD
 CARTHAGE MO 64836-8753

Telephone (417) 358-6122 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 18
County JASPER **DMH Licensed** No
Region 1 **Facility Number** 13351

SUNNYVIEW NURSING HOME & APARTMENTS

1311 EAST 28TH ST
 TRENTON MO 64683-1103
Mailing Address 1311 EAST 28TH ST
 TRENTON MO 64683-1103

Telephone (660) 359-5647 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 38
County GRUNDY **DMH Licensed** No
Region 4 **Facility Number** 18509

SUNNYVIEW NURSING HOME & APARTMENTS

1311 EAST 28TH ST
 TRENTON MO 64683-1103
Mailing Address 1311 EAST 28TH ST
 TRENTON MO 64683-1103

Telephone (660) 359-5647 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 154
County GRUNDY **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 18509

SUNRISE OF CHESTERFIELD

1880 CLARKSON RD
 CHESTERFIELD MO 63017-5000
Mailing Address 1880 CLARKSON RD
 CHESTERFIELD MO 63017-5000

Telephone (636) 536-3800 **Alzheimer's Unit** Yes
Level of Care: ICF **Bed Capacity** 95
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 23767

SUNRISE OF CHESTERFIELD

1880 CLARKSON RD
 CHESTERFIELD MO 63017-5000
Mailing Address 1880 CLARKSON RD
 CHESTERFIELD MO 63017-5000

Telephone (636) 536-3800 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 3
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 23767

SUNRISE OF DES PERES

13460 MANCHESTER RD
 DES PERES MO 63131-1734
Mailing Address 13460 MANCHESTER RD
 DES PERES MO 63131-1734

Telephone (314) 965-3800 **Alzheimer's Unit** Yes
Level of Care: ICF **Bed Capacity** 102
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 24242

SUNRISE OF WEBSTER GROVES

45 EAST LOCKWOOD
 SAINT LOUIS MO 63119-3050
Mailing Address 45 EAST LOCKWOOD
 SAINT LOUIS MO 63119-3050

Telephone (314) 918-7300 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 90
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 28242

SUNRISE ON CLAYTON

7920 CLAYTON ROAD
 RICHMOND HEIGHTS MO 63117-1327
Mailing Address 7920 CLAYTON ROAD
 RICHMOND HEIGHTS MO 63117-1327

Telephone (314) 646-7600 **Alzheimer's Unit** Yes
Level of Care: ICF **Bed Capacity** 90
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 24149

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

SUNSET HEALTH CARE CENTER

400 WEST PARK AVE
 UNION MO 63084-1140
Mailing Address 400 WEST PARK AVE
 UNION MO 63084-1140

Telephone (636) 583-2252 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County FRANKLIN **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 07831

SUNSET HOME

1201 SOUTH POLK
 MAYSVILLE MO 64469-4028
Mailing Address 1201 S POLK
 MAYSVILLE MO 64469-4028

Telephone (816) 449-2158 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County DEKALB **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 07798

SUNSHINE ACRES

541 ROCK ROAD
 BOURBON MO 65441-6324
Mailing Address PO BOX 67
 BOURBON MO 65441-0067

Telephone (573) 732-5366 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 20
County CRAWFORD **DMH Licensed** Yes
Region 6 **Facility Number** 03540

SUNSHINE HOME CARE - WINFIELD

499 WALNUT ST
 WINFIELD MO 63389-1138
Mailing Address PO BOX 185
 WINFIELD MO 63389-0185

Telephone (636) 668-8500 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 49
County LINCOLN **DMH Licensed** Yes
Region 5 **Facility Number** 25266

SUNSHINE VILLA

2520 JAMES ST
 SCOTT CITY MO 63780-1219
Mailing Address 2520 JAMES ST
 SCOTT CITY MO 63780-1219

Telephone (573) 264-2424 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 26
County SCOTT **DMH Licensed** Yes
Region 2 **Facility Number** 07039

SUNTERRA SPRINGS DARDENNE PRAIRIE

7275 STATE HIGHWAY N
 DARDENNE PRAIRIE MO 63368-7128
Mailing Address 7275 STATE HIGHWAY N
 DARDENNE PRAIRIE MO 63368-7128

Telephone (636) 865-0200 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 38
County SAINT CHARLES **DMH Licensed** No
Region 5 **Medicare** **Facility Number** 32331

SUNTERRA SPRINGS INDEPENDENCE

19200 E 37TH TERRACE S
 INDEPENDENCE MO 64057-8324
Mailing Address 19200 E 37TH TERRACE S
 INDEPENDENCE MO 64057-8324

Telephone (816) 335-3008 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 38
County JACKSON **DMH Licensed** No
Region 3 **Medicare** **Facility Number** 30894

SUNTERRA SPRINGS SPRINGFIELD

4935 S NATIONAL AVE
 SPRINGFIELD MO 65810-2989
Mailing Address 4935 S NATIONAL AVE
 SPRINGFIELD MO 65810-2989

Telephone (417) 720-8050 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 38
County GREENE **DMH Licensed** No
Region 1 **Medicare** **Facility Number** 31273

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

SUPERIOR MANOR OF DOWNTOWN, LLC

1501 CLINTON STREET
 SAINT LOUIS MO 63106-4100
Mailing Address 1501 CLINTON STREET
 SAINT LOUIS MO 63106-4100

Telephone (314) 376-5000 **Alzheimer's Unit** NO
Level of Care: RCF **Bed Capacity** 40
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 30136

SURREY PLACE ST LUKE'S HOSPITAL SKILLED NURSING

14701 OLIVE BLVD
 CHESTERFIELD MO 63017-2221
Mailing Address 14701 OLIVE BLVD
 CHESTERFIELD MO 63017-2221

Telephone (314) 542-3300 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 130
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 15467

SWEET SPRINGS VILLA

518 E MARSHALL
 SWEET SPRINGS MO 65351-9756
Mailing Address 518 E MARSHALL
 SWEET SPRINGS MO 65351-9756

Telephone (660) 335-6391 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County SALINE **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 05378

SWIFT CREEK RESIDENTIAL CARE CENTER

1673 HIGHWAY 53
 POPLAR BLUFF MO 63901-4132
Mailing Address 1673 HIGHWAY 53
 POPLAR BLUFF MO 63901-4132

Telephone (573) 778-1129 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 12
County BUTLER **DMH Licensed** Yes
Region 2 **Facility Number** 20386

SWITZER RESIDENTIAL CARE

3260 MYSTIC LANE
 POPLAR BLUFF MO 63901-3067
Mailing Address 3260 MYSTIC LANE
 POPLAR BLUFF MO 63901-3067

Telephone (573) 785-9399 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 20
County BUTLER **DMH Licensed** Yes
Region 2 **Facility Number** 20739

SYLVAN HOUSE

30 SHERMAN RD
 SAINT LOUIS MO 63125-4125
Mailing Address 30 SHERMAN RD
 SAINT LOUIS MO 63125-4125

Telephone (314) 892-2212 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 40
County SAINT LOUIS COUNTY **DMH Licensed** Yes
Region 7 **Facility Number** 15078

SYLVIA G THOMPSON RESIDENCE CENTER, INC

3333 WEST TENTH ST
 SEDALIA MO 65301-2113
Mailing Address 3333 WEST TENTH ST
 SEDALIA MO 65301-2113

Telephone (660) 826-2118 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 120
County PETTIS **DMH Licensed** No
Region 6 **Medicaid** **Facility Number** 17278

TARKIO REHABILITATION & HEALTH CARE

300 CEDAR ST
 TARKIO MO 64491-1174
Mailing Address 300 CEDAR ST
 TARKIO MO 64491-1174

Telephone (660) 736-4116 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 95
County ATCHISON **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 00494

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

TEAL LAKE - ASSISTED LIVING BY AMERICARE

1722 HUNTINGFIELD DR
 MEXICO MO 65265-3808
Mailing Address 1722 HUNTINGFIELD DR
 MEXICO MO 65265-3808

Telephone (573) 582-7800
Level of Care: ALF**
County AUDRAIN
Region 5

Alzheimer's Unit No
Bed Capacity 42
DMH Licensed No
Facility Number 23534

TESSLAND RESIDENTIAL CARE FACILITY LLC

24583 HIGHWAY 5
 MILAN MO 63556-2809
Mailing Address 24583 HWY 5
 MILAN MO 63556-2809

Telephone (660) 265-4391
Level of Care: RCF
County SULLIVAN
Region 5

Alzheimer's Unit No
Bed Capacity 9
DMH Licensed Yes
Facility Number 19990

THE GRANDE AT CHESTERFIELD

16300 JUSTUS POST ROAD
 CHESTERFIELD MO 63017-4608
Mailing Address 16300 JUSTUS POST ROAD
 CHESTERFIELD MO 63017-4608

Telephone (636) 778-4800
Level of Care: ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit Yes
Bed Capacity 95
DMH Licensed No
Facility Number 30848

THE OAKS RETIREMENT COMMUNITY

127 HAMLET ROAD
 BRANSON MO 65616-7746
Mailing Address 127 HAMLET ROAD
 BRANSON MO 65616-7746

Telephone (417) 239-1112
Level of Care: ALF**
County TANEY
Region 1

Alzheimer's Unit No
Bed Capacity 30
DMH Licensed No
Facility Number 27358

THOMAS RESIDENTIAL CARE FACILITY 3

1415 OLIVE ST
 SAINT JOSEPH MO 64503-2443
Mailing Address 1415 OLIVE ST
 SAINT JOSEPH MO 64503-2443

Telephone (816) 676-0390
Level of Care: RCF
County BUCHANAN
Region 4

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 06076

TIFFANY HEIGHTS

1531 NEBRASKA ST
 MOUND CITY MO 64470-1610
Mailing Address PO BOX 308
 MOUND CITY MO 64470-0308

Telephone (660) 442-3146
Level of Care: SNF
County HOLT
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 07998

TIFFANY SPRINGS REHABILITATION & HEALTH CARE CENTER

9191 N AMBASSADOR DR
 KANSAS CITY MO 64154-7247
Mailing Address 9191 N AMBASSADOR DR
 KANSAS CITY MO 64154-7247

Telephone (816) 741-5570
Level of Care: SNF
County PLATTE
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 30748

TIFFANY SPRINGS SENIOR CARE COMMUNITY

9101 N AMBASSADOR DRIVE
 KANSAS CITY MO 64154-7295
Mailing Address 9101 N AMBASSADOR DRIVE
 KANSAS CITY MO 64154-7295

Telephone (816) 621-3810
Level of Care: ALF**
County PLATTE
Region 4

Alzheimer's Unit Yes
Bed Capacity 89
DMH Licensed No
Facility Number 31745

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

TIGER PLACE

2910 BLUFF CREEK DR
 COLUMBIA MO 65201-3522
Mailing Address 2910 BLUFF CREEK DR
 COLUMBIA MO 65201-3522

Telephone (573) 256-4620 **Alzheimer's Unit** No
Level of Care: ICF **Bed Capacity** 112
County BOONE **DMH Licensed** No
Region 6 **Facility Number** 24341

TIMBERLAKE CARE CENTER

12110 HOLMES RD
 KANSAS CITY MO 64145-1707
Mailing Address 12110 HOLMES RD
 KANSAS CITY MO 64145-1707

Telephone (816) 941-3006 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 122
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 10962

TIMBERS, THE

239 KAREN DRIVE
 HOLTS SUMMIT MO 65043-2522
Mailing Address 239 KAREN DRIVE
 HOLTS SUMMIT MO 65043-2522

Telephone (573) 415-0390 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 50
County CALLAWAY **DMH Licensed** No
Region 6 **Facility Number** 30384

TIPTON OAK MANOR

601 WEST MORGAN ST
 TIPTON MO 65081-8214
Mailing Address 601 WEST MORGAN ST
 TIPTON MO 65081-8214

Telephone (660) 433-5574 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 66
County MONITEAU **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 08036

TOWN AND COUNTRY HEALTH & REHAB

13995 CLAYTON RD
 TOWN AND COUNTRY MO 63017-8400
Mailing Address 13995 CLAYTON RD
 TOWN AND COUNTRY MO 63017-8400

Telephone (636) 227-5070 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 282
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 01508

TOWNE HOUSE, THE

221 EAST WHITLEY
 MEXICO MO 65265-2815
Mailing Address PO BOX 6
 MEXICO MO 65265-0006

Telephone (573) 581-2547 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 29
County AUDRAIN **DMH Licensed** Yes
Region 5 **Facility Number** 08077

TOWNSHIP SENIOR LIVING, THE

4150 WEST REPUBLIC ROAD
 BATTLEFIELD MO 65619-7111
Mailing Address 4150 WEST REPUBLIC ROAD
 BATTLEFIELD MO 65619-7111

Telephone (417) 881-7800 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 66
County GREENE **DMH Licensed** No
Region 1 **Facility Number** 31903

TRI-COUNTY CARE CENTER

601 NORTH GALLOWAY RD
 VANDALIA MO 63382-1252
Mailing Address 601 NORTH GALLOWAY RD
 VANDALIA MO 63382-1252

Telephone (573) 594-6467 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 90
County AUDRAIN **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 08096

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

TROY HOUSE RESCARE

350 CAP AU GRIS
TROY MO 63379-1761
Mailing Address PO BOX 271
TROY MO 63379-0271

Telephone (636) 462-4915
Level of Care: RCF*
County LINCOLN
Region 5

Alzheimer's Unit No
Bed Capacity 23
DMH Licensed No
Facility Number 08129

TROY MANOR

200 THOMPSON DR
TROY MO 63379-2308
Mailing Address 200 THOMPSON DR
TROY MO 63379-2308

Telephone (636) 528-8446
Level of Care: ALF
County LINCOLN
Region 5

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed No
Facility Number 05397

TROY MANOR

200 THOMPSON DR
TROY MO 63379-2308
Mailing Address 200 THOMPSON DR
TROY MO 63379-2308

Telephone (636) 528-8446
Level of Care: SNF
County LINCOLN
Region 5 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 130
DMH Licensed No
Facility Number 05397

TRUMAN HEALTHCARE & REHABILITATION CENTER

206 WEST FIRST ST
LAMAR MO 64759-1291
Mailing Address 206 WEST FIRST ST
LAMAR MO 64759-1291

Telephone (417) 682-5718
Level of Care: SNF
County BARTON
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 123
DMH Licensed No
Facility Number 01346

TRUMAN LAKE MANOR, INC

600 EAST 7TH ST
LOWRY CITY MO 64763-9671
Mailing Address PO BOX 415
LOWRY CITY MO 64763-0415

Telephone (417) 644-2248
Level of Care: SNF
County SAINT CLAIR
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 08140

TURNERS ROCK

3911 EAST HIGHWAY D
SPRINGFIELD MO 65809-
Mailing Address 3911 EAST HIGHWAY D
SPRINGFEILD MO 65809-

Telephone (417) 459-4070
Level of Care: ALF**
County GREENE
Region 1

Alzheimer's Unit YES
Bed Capacity 70
DMH Licensed No
Facility Number 32441

TURNING POINT GROUP HOME

1720 SWOPE DR
INDEPENDENCE MO 64057-2163
Mailing Address PO BOX 260
INDEPENDENCE MO 64051-0693

Telephone (816) 257-1435
Level of Care: RCF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 13608

TWIN OAKS AT HERITAGE POINTE

228 SAVANNAH TERRACE
WENTZVILLE MO 63385-3741
Mailing Address 228 SAVANNAH TERRACE
WENTZVILLE MO 63385-3741

Telephone (636) 542-5200
Level of Care: ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit Yes
Bed Capacity 70
DMH Licensed No
Facility Number 26877

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

TWIN OAKS ESTATE, INC

707 EMGE RD
O'FALLON MO 63366-2118
Mailing Address 707 EMGE RD
O'FALLON MO 63366-2118

Telephone (636) 240-6152 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 149
County SAINT CHARLES **DMH Licensed** No
Region 5 **Facility Number** 08209

TWIN PINES ADULT CARE CENTER

1900 S JAMISON
KIRKSVILLE MO 63501-5302
Mailing Address 1900 S JAMISON
KIRKSVILLE MO 63501-5302

Telephone (660) 665-2887 **Alzheimer's Unit** NO
Level of Care: SNF **Bed Capacity** 120
County ADAIR **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 08218

TWINS PLACE RESIDENTIAL CARE FACILITY

506 S MAIN STREET
CHARLESTON MO 63834-1914
Mailing Address 506 S MAIN STREET
CHARLESTON MO 63834-1914

Telephone (573) 233-8009 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 8
County MISSISSIPPI **DMH Licensed** No
Region 2 **Facility Number** 32227

U-CITY FOREST MANOR

1301 PARTRIDGE AVE
SAINT LOUIS MO 63130-1944
Mailing Address 1301 PARTRIDGE AVE
SAINT LOUIS MO 63130-1944

Telephone (314) 862-5556 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 15454

UNION CARE CENTER

1080 MARIE LANE
UNION MO 63084-1056
Mailing Address 1080 MARIE LANE
UNION MO 63084-1056

Telephone (636) 206-8585 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County FRANKLIN **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 31476

UNION MANOR, LLC

2711 NORTH UNION BLVD
SAINT LOUIS MO 63113-1003
Mailing Address 2711 NORTH UNION BLVD
SAINT LOUIS MO 63113-1003

Telephone (314) 383-7310 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 50
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 **Facility Number** 11002

URBANA GROUP HOME

310 WALNUT ST
URBANA MO 65767-9208
Mailing Address 310 WALNUT ST
URBANA MO 65767-9208

Telephone (417) 993-4638 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 20
County DALLAS **DMH Licensed** Yes
Region 1 **Facility Number** 08242

VALLEY MANOR AND REHABILITATION CENTER

1410 HOSPITAL DR
EXCELSIOR SPRINGS MO 64024-1168
Mailing Address 1410 HOSPITAL DR
EXCELSIOR SPRINGS MO 64024-1168

Telephone (816) 637-1010 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 120
County CLAY **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 02425

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

VALLEY PARK NORTH

2631 FAIRWAY DR
 FULTON MO 65251-3936
Mailing Address 2631 FAIRWAY DR
 FULTON MO 65251-3936

Telephone (573) 592-4995
Level of Care: RCF
County CALLAWAY
Region 6

Alzheimer's Unit No
Bed Capacity 19
DMH Licensed No
Facility Number 29982

VALLEY PARK RETIREMENT CENTER

355 KAREN DR
 HOLTS SUMMIT MO 65043-2519
Mailing Address 355 KAREN DR
 HOLTS SUMMIT MO 65043-2519

Telephone (573) 896-0208
Level of Care: RCF
County CALLAWAY
Region 6

Alzheimer's Unit No
Bed Capacity 22
DMH Licensed No
Facility Number 27986

VALLEY PARK WEST

678 WINDMILL RIDGE
 CALIFORNIA MO 65018-1964
Mailing Address 678 WINDMILL RIDGE
 CALIFORNIA MO 65018-1964

Telephone (573) 796-2520
Level of Care: RCF
County MONITEAU
Region 6

Alzheimer's Unit No
Bed Capacity 34
DMH Licensed No
Facility Number 30595

VALLEY RESIDENTIAL CARE

101 SOUTH KNOB ST
 IRONTON MO 63650-1501
Mailing Address 203 SOUTH WASHINGTON ST
 FARMINGTON MO 63640-1836

Telephone (573) 546-3080
Level of Care: RCF
County IRON
Region 2

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 01901

VALLEY VIEW HEALTH & REHABILITATION

1600 EAST ROLLINS ST
 MOBERLY MO 65270-2478
Mailing Address 1600 E ROLLINS ST
 MOBERLY MO 65270-2478

Telephone (660) 263-6887
Level of Care: SNF
County RANDOLPH
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 96
DMH Licensed No
Facility Number 13167

VERONICA HOUSE

12284 DEPAUL DR
 BRIDGETON MO 63044-2508
Mailing Address 12284 DEPAUL DR
 BRIDGETON MO 63044-2508

Telephone (314) 209-8814
Level of Care: ALF**
County SAINT LOUIS COUNTY
Region 7

Alzheimer's Unit No
Bed Capacity 100
DMH Licensed No
Facility Number 22460

VICTORIAN PLACE OF VIENNA, RESIDENTIAL CARE BY AMERICARE

112 PARKWAY DR
 VIENNA MO 65582-8003
Mailing Address 112 PARKWAY DR
 VIENNA MO 65582-8003

Telephone (573) 422-3230
Level of Care: RCF
County MARIES
Region 6

Alzheimer's Unit No
Bed Capacity 48
DMH Licensed No
Facility Number 23333

VICTORIAN PLACE OF CUBA, RESIDENTIAL CARE BY AMERICARE

901 HIGHWAY DD
 CUBA MO 65453-8089
Mailing Address 901 HWY DD
 CUBA MO 65453-8089

Telephone (573) 885-0551
Level of Care: RCF
County CRAWFORD
Region 6

Alzheimer's Unit No
Bed Capacity 48
DMH Licensed No
Facility Number 25463

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

VICTORIAN PLACE OF HERMANN, RESIDENTIAL CARE BY AMERICARE

2120 VILLAGE LANE		Telephone	(573) 486-5060	Alzheimer's Unit	No
HERMANN	MO 65041-1600	Level of Care:	RCF	Bed Capacity	48
Mailing Address 2120 VILLAGE LANE		County	GASCONADE	DMH Licensed	No
HERMANN	MO 65041-1600	Region	6	Facility Number	24982

VICTORIAN PLACE OF OWENSVILLE, RESIDENTIAL CARE BY AMERICARE

301 NORTH 7TH ST		Telephone	(573) 437-5396	Alzheimer's Unit	No
OWENSVILLE	MO 65066-1075	Level of Care:	RCF	Bed Capacity	48
Mailing Address 301 NORTH 7TH ST		County	GASCONADE	DMH Licensed	No
OWENSVILLE	MO 65066-1075	Region	6	Facility Number	24133

VICTORIAN PLACE OF ST CLAIR, ASSISTED LIVING BY AMERICARE

160 CHARLES DR		Telephone	(636) 322-0003	Alzheimer's Unit	No
SAINT CLAIR	MO 63077-1936	Level of Care:	ALF**	Bed Capacity	48
Mailing Address 160 CHARLES DR		County	FRANKLIN	DMH Licensed	No
SAINT CLAIR	MO 63077-1936	Region	6	Facility Number	26005

VICTORIAN PLACE OF SULLIVAN, ASSISTED LIVING BY AMERICARE

1250 EAST SPRINGFIELD RD		Telephone	(573) 468-5217	Alzheimer's Unit	No
SULLIVAN	MO 63080-1358	Level of Care:	ALF**	Bed Capacity	48
Mailing Address 1250 EAST SPRINGFIELD RD		County	FRANKLIN	DMH Licensed	No
SULLIVAN	MO 63080-1358	Region	6	Facility Number	26324

VICTORIAN PLACE OF UNION, ASSISTED LIVING BY AMERICARE

1320 W MAIN		Telephone	(636) 584-0085	Alzheimer's Unit	No
UNION	MO 63084-1084	Level of Care:	ALF**	Bed Capacity	48
Mailing Address 1320 W MAIN		County	FRANKLIN	DMH Licensed	No
UNION	MO 63084-1084	Region	6	Facility Number	24408

VICTORIAN PLACE OF WASHINGTON, RESIDENTIAL CARE BY AMERICARE

2800 RABBIT TRAIL DR		Telephone	(636) 390-9500	Alzheimer's Unit	No
WASHINGTON	MO 63090-6737	Level of Care:	ALF**	Bed Capacity	48
Mailing Address 2800 RABBIT TRAIL DR		County	FRANKLIN	DMH Licensed	No
WASHINGTON	MO 63090-6737	Region	6	Facility Number	27659

VILLA AT BLUE RIDGE, THE

701 BLUE RIDGE ROAD		Telephone	(573) 474-6111	Alzheimer's Unit	No
COLUMBIA	MO 65201-3734	Level of Care:	SNF	Bed Capacity	97
Mailing Address 701 BLUE RIDGE ROAD		County	BOONE	DMH Licensed	No
COLUMBIA	MO 65201-3734	Region	6 Medicare/Medicaid	Facility Number	01706

VILLA VENTURA ASSISTED LIVING FACILITY

12100 WORNALL RD		Telephone	(816) 203-0345	Alzheimer's Unit	No
KANSAS CITY	MO 64145-1764	Level of Care:	ALF**	Bed Capacity	50
Mailing Address 12100 WORNALL RD		County	JACKSON	DMH Licensed	No
KANSAS CITY	MO 64145-1764	Region	3	Facility Number	15614

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

VILLAGE ASSISTED LIVING

1704 NORTHWEST O'BRIEN RD
 LEE'S SUMMIT MO 64081-1559
Mailing Address 1704 NORTHWEST O'BRIEN RD
 LEE'S SUMMIT MO 64081-1559

Telephone (816) 347-2700
Level of Care: ALF**
County JACKSON
Region 3

Alzheimer's Unit Yes
Bed Capacity 172
DMH Licensed No
Facility Number 16108

VILLAGE ASSISTED LIVING

1701 NW O'BRIEN RD
 LEE'S SUMMIT MO 64081-1559
Mailing Address 1701 NW O'BRIEN RD
 LEE'S SUMMIT MO 64081-1559

Telephone (816) 347-2700
Level of Care: ALF**
County JACKSON
Region 3

Alzheimer's Unit Yes
Bed Capacity 50
DMH Licensed No
Facility Number 29258

VILLAGE AT CARROLL PARK, THE

5301 HARRY TRUMAN DR
 GRANDVIEW MO 64030-1708
Mailing Address 5301 HARRY TRUMAN DR
 GRANDVIEW MO 64030-1708

Telephone (816) 761-6838
Level of Care: ICF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 93
DMH Licensed Yes
Facility Number 03157

VILLAGE CARE CENTER, INC

810 EAST EDWARDS ST
 MARYVILLE MO 64468-2917
Mailing Address 810 EAST EDWARDS ST
 MARYVILLE MO 64468-2917

Telephone (660) 562-3515
Level of Care: SNF
County NODAWAY
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 46
DMH Licensed No
Facility Number 20361

VILLAGE CARE CENTER, INC

810 EAST EDWARDS ST
 MARYVILLE MO 64468-2917
Mailing Address 810 EAST EDWARDS ST
 MARYVILLE MO 64468-2917

Telephone (660) 562-3515
Level of Care: RCF*
County NODAWAY
Region 4

Alzheimer's Unit No
Bed Capacity 18
DMH Licensed No
Facility Number 20361

VILLAGE CENTER CARE OF WENTZVILLE

909 E PITMAN AVE
 WENTZVILLE MO 63385-1818
Mailing Address 909 E PITMAN AVE
 WENTZVILLE MO 63385-1818

Telephone (636) 219-3114
Level of Care: ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit No
Bed Capacity 22
DMH Licensed No
Facility Number 28026

VILLAGE WEST, THE

318 EAST LITTLE BRICK ROAD
 CAMERON MO 64429-1231
Mailing Address 318 EAST LITTLE BRICK RD
 CAMERON MO 64429-1231

Telephone (816) 632-1121
Level of Care: RCF*
County DEKALB
Region 4

Alzheimer's Unit No
Bed Capacity 27
DMH Licensed No
Facility Number 18104

VILLAGE, THE

320 EAST LITTLE BRICK RD
 CAMERON MO 64429-1231
Mailing Address 320 EAST LITTLE BRICK RD
 CAMERON MO 64429-1231

Telephone (816) 632-7611
Level of Care: RCF*
County DEKALB
Region 4

Alzheimer's Unit No
Bed Capacity 49
DMH Licensed No
Facility Number 08945

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

VILLAGES OF JACKSON CREEK MEMORY CARE, THE

19400 EAST 40TH ST COURT SOUTH
 INDEPENDENCE MO 64057-1548
Mailing Address 19400 EAST 40TH ST COURT SOUTH
 INDEPENDENCE MO 64057-1548

Telephone (816) 478-5689
Level of Care: ICF
County JACKSON
Region 3

Alzheimer's Unit Yes
Bed Capacity 70
DMH Licensed No
Facility Number 25894

VILLAGES OF JACKSON CREEK, THE

3980 SOUTH JACKSON DR
 INDEPENDENCE MO 64057-2205
Mailing Address 3980 S JACKSON DR
 INDEPENDENCE MO 64057-2205

Telephone (816) 795-1433
Level of Care: ALF**
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 62
DMH Licensed No
Facility Number 25709

VILLAGES OF JACKSON CREEK, THE

3980 SOUTH JACKSON DR
 INDEPENDENCE MO 64057-2205
Mailing Address 3980 S JACKSON DR
 INDEPENDENCE MO 64057-2205

Telephone (816) 795-1433
Level of Care: SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 25709

VILLAGES OF ST PETERS MEMORY CARE

5300 EXECUTIVE CENTER PARKWAY
 SAINT PETERS MO 63376-3182
Mailing Address 5300 EXECUTIVE CENTER PARKWAY
 SAINT PETERS MO 63376-3182

Telephone (636) 477-6955
Level of Care: ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit Yes
Bed Capacity 60
DMH Licensed No
Facility Number 29889

VILLAGES OF ST PETERS, THE

5400 EXECUTIVE CENTRE PKWY
 SAINT PETERS MO 63376-2594
Mailing Address 5400 EXECUTIVE CENTRE PKWY
 SAINT PETERS MO 63376-2594

Telephone (636) 922-7600
Level of Care: ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit No
Bed Capacity 62
DMH Licensed No
Facility Number 26014

VILLAGES OF ST PETERS, THE

5400 EXECUTIVE CENTRE PKWY
 SAINT PETERS MO 63376-2594
Mailing Address 5400 EXECUTIVE CENTRE PKWY
 SAINT PETERS MO 63376-2594

Telephone (636) 922-7600
Level of Care: SNF
County SAINT CHARLES
Region 5 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 130
DMH Licensed No
Facility Number 26014

VILLAS OF JACKSON LLC THE

670 BROADRIDGE DRIVE
 JACKSON MO 63755-3044
Mailing Address 670 BROADRIDGE DRIVE
 JACKSON MO 63755-3044

Telephone (573) 986-8210
Level of Care: ALF**
County CAPE GIRARDEAU
Region 2

Alzheimer's Unit Yes
Bed Capacity 76
DMH Licensed No
Facility Number 30623

VINTAGE GARDENS ASSISTED LIVING

3302 NORTH WOODBINE ROAD
 SAINT JOSEPH MO 64505-9323
Mailing Address 3302 NORTH WOODBINE RD
 SAINT JOSPEH MO 64505-9323

Telephone (816) 279-3330
Level of Care: ALF
County BUCHANAN
Region 4

Alzheimer's Unit Yes
Bed Capacity 51
DMH Licensed No
Facility Number 22959

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

VINTAGE GARDENS ASSISTED LIVING

3302 NORTH WOODBINE ROAD
 SAINT JOSEPH MO 64505-9323
Mailing Address 3302 N WOODBINE RD
 SAINT JOSEPH MO 64505-9323

Telephone (816) 279-3330
Level of Care: ALF**
County BUCHANAN
Region 4

Alzheimer's Unit No
Bed Capacity 44
DMH Licensed No
Facility Number 22959

VSL SPRINGFIELD ASSISTED LIVING, LLC

1401 WEST ELFINDALE STREET
 SPRINGFIELD MO 65807-
Mailing Address 1401 WEST ELFINDALE STREET
 SPRINGFIELD MO 65807-

Telephone (417) 831-3828
Level of Care: ALF
County GREENE
Region 1

Alzheimer's Unit NO
Bed Capacity 50
DMH Licensed No
Facility Number 32492

WAGNER RESIDENTIAL CARE, INC

320 N CHAMBER DR
 FREDERICKTOWN MO 63645-7947
Mailing Address 320 N CHAMBER DR
 FREDERICKTOWN MO 63645-7947

Telephone (573) 783-4511
Level of Care: RCF
County MADISON
Region 2

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed Yes
Facility Number 28451

WALNUT STREET ASSISTED LIVING

404 WALNUT ST
 DONIPHAN MO 63935-1420
Mailing Address 404 WALNUT ST
 DONIPHAN MO 63935-1420

Telephone (573) 996-4283
Level of Care: ALF
County RIPLEY
Region 2

Alzheimer's Unit No
Bed Capacity 35
DMH Licensed Yes
Facility Number 08354

WARRENSBURG MANOR CARE CENTER

400 CARE CENTER DR
 WARRENSBURG MO 64093-3100
Mailing Address 400 CARE CENTER DR
 WARRENSBURG MO 64093-3100

Telephone (660) 747-2216
Level of Care: SNF
County JOHNSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 88
DMH Licensed No
Facility Number 08383

WARRENTON MANOR

65 STATE HIGHWAY AA
 WRIGHT CITY MO 63383-3301
Mailing Address 65 STATE HIGHWAY AA
 WRIGHT CITY MO 63390-3301

Telephone (636) 456-8700
Level of Care: SNF
County WARREN
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 02505

WARSAW HEALTH AND REHABILITATION CENTER

1609 SUNCHASE DR
 WARSAW MO 65355-3059
Mailing Address 1609 SUNCHASE DR
 WARSAW MO 65355-3059

Telephone (660) 438-2970
Level of Care: SNF
County BENTON
Region 6 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 15243

WATERFORD LADIES HOME

500 NW VESPER ST
 BLUE SPRINGS MO 64014-2744
Mailing Address 500 NW VESPER ST
 BLUE SPRINGS MO 64014-2744

Telephone (816) 228-6337
Level of Care: RCF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 27
DMH Licensed No
Facility Number 13774

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

WATERFORD SOUTH

11515 HOLMES RD
 KANSAS CITY MO 64131-3856
Mailing Address 11515 HOLMES RD
 KANSAS CITY MO 64131-3856

Telephone (816) 942-4898
Level of Care: ALF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 28
DMH Licensed Yes
Facility Number 14888

WATTS STREET MANOR

301 WATTS ST
 PARK HILLS MO 63601-1839
Mailing Address PO BOX 481
 PARK HILLS MO 63601-0481

Telephone (573) 431-4874
Level of Care: RCF*
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 16
DMH Licensed Yes
Facility Number 06579

WEBB CITY HEALTH AND REHABILITATION CENTER

2077 STADIUM DR
 WEBB CITY MO 64870-9743
Mailing Address 2077 STADIUM DR
 WEBB CITY MO 64870-9743

Telephone (417) 673-1933
Level of Care: SNF
County JASPER
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 12286

WEBCO MANOR

1687 W WASHINGTON ST
 MARSHFIELD MO 65706-2325
Mailing Address 1687 W WASHINGTON ST
 MARSHFIELD MO 65706-2325

Telephone (417) 859-5144
Level of Care: SNF
County WEBSTER
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 08405

WEBWOOD ASSISTED LIVING, LLC

1640 WALDO HATLER DRIVE
 NEOSHO MO 64850-
Mailing Address 1640 WALDO HATLER DRIVE
 NEOSHO MO 64850-

Telephone (417) 451-2997
Level of Care: ALF
County NEWTON
Region 1

Alzheimer's Unit NO
Bed Capacity 31
DMH Licensed No
Facility Number 31265

WEDGEWOOD GARDENS

17996 BUSINESS 13
 REEDS SPRING MO 65737-9663
Mailing Address 17996 BUSINESS 13
 REEDS SPRING MO 65737-9663

Telephone (417) 272-6666
Level of Care: ALF**
County STONE
Region 1

Alzheimer's Unit Yes
Bed Capacity 46
DMH Licensed No
Facility Number 20615

WELCOME HOME ASSISTED LIVING LLC

5 ADAMS DRIVE
 DEXTER MO 63841-1985
Mailing Address 5 ADAMS DRIVE
 DEXTER MO 63841-1985

Telephone (573) 624-3800
Level of Care: ALF**
County STODDARD
Region 2

Alzheimer's Unit NO
Bed Capacity 9
DMH Licensed No
Facility Number 32148

WELLER PLACE RETIREMENT CENTER

510 WELLER STREET
 MACON MO 63552-1996
Mailing Address 510 WELLER STREET
 MACON MO 63552-1996

Telephone (660) 395-2273
Level of Care: RCF
County MACON
Region 5

Alzheimer's Unit No
Bed Capacity 18
DMH Licensed No
Facility Number 30888

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

WEST COUNTY CARE CENTER

312 SOLLEY DR
 BALLWIN MO 63021-5248
Mailing Address 312 SOLLEY DR
 BALLWIN MO 63021-5248

Telephone (636) 391-0666 **Alzheimer's Unit** NO
Level of Care: SNF **Bed Capacity** 137
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 04970

WEST PINE GROUP HOME

4232 WEST PINE BLVD
 SAINT LOUIS MO 63108-2840
Mailing Address 4232 WEST PINE BLVD
 SAINT LOUIS MO 63108-2840

Telephone (314) 531-9450 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 9
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 Facility Number 05948

WEST VUE NURSING AND REHABILITATION CENTER

210 DAVIS DR
 WEST PLAINS MO 65775-2241
Mailing Address 210 DAVIS DR
 WEST PLAINS MO 65775-2241

Telephone (417) 256-2152 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 130
County HOWELL **DMH Licensed** No
Region 1 Medicare/Medicaid Facility Number 21733

WESTBROOK CARE CENTER, INC

401 S PLATTE CLAY WAY
 KEARNEY MO 64060-7714
Mailing Address 401 S PLATTE CLAY WAY
 KEARNEY MO 64060-7714

Telephone (816) 628-2222 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 27
County CLAY **DMH Licensed** No
Region 4 Facility Number 19757

WESTBROOK TERRACE - ASSISTED LIVING BY AMERICARE

3335 NORTH TEN MILE DR
 JEFFERSON CITY MO 65109-0528
Mailing Address 3335 NORTH TEN MILE DR
 JEFFERSON CITY MO 65109-0528

Telephone (573) 635-2600 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 36
County COLE **DMH Licensed** No
Region 6 Facility Number 20440

WESTBURY SENIOR LIVING THE

550 STONE VALLEY PARKWAY
 COLUMBIA MO 65203-5567
Mailing Address 550 STONE VALLEY PARKWAY
 COLUMBIA MO 65203-5567

Telephone (573) 818-7030 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 66
County BOONE **DMH Licensed** No
Region 6 Facility Number 32666

WESTCHESTER HOUSE, THE

550 WHITE RD
 CHESTERFIELD MO 63017-2316
Mailing Address 550 WHITE RD
 CHESTERFIELD MO 63017-2316

Telephone (314) 469-1200 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 159
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 08474

WESTFIELD NURSING CENTER, INC

3144 STATE HIGHWAY FF
 SIKESTON MO 63801-8580
Mailing Address PO BOX 489
 SIKESTON MO 63801-0489

Telephone (573) 471-1174 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 98
County NEW MADRID **DMH Licensed** No
Region 2 Medicare/Medicaid Facility Number 07306

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

WESTGATE

3130 JOHN DUFFY DR
 JOPLIN MO 64804-1569
Mailing Address 3130 JOHN DUFFY DR
 JOPLIN MO 64804-1569

Telephone (417) 553-3688 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 120
County JASPER **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 31754

WESTPORT ESTATES - ASSISTED LIVING BY AMERICARE

904 APACHE DR
 MARSHALL MO 65340-2900
Mailing Address 904 APACHE DR
 MARSHALL MO 65340-2900

Telephone (660) 886-5500 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 62
County SALINE **DMH Licensed** No
Region 5 **Facility Number** 16202

WESTVIEW AT ELLISVILLE ASSISTED LIVING

27 REINKE RD
 ELLISVILLE MO 63021-4734
Mailing Address 27 REINKE RD
 ELLISVILLE MO 63021-4734

Telephone (636) 527-5554 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 99
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 28184

WESTVIEW NURSING HOME

301 WEST DUNLOP ST
 CENTER MO 63436-2267
Mailing Address 301 WEST DUNLOP ST
 CENTER MO 63436-2267

Telephone (573) 267-3920 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County RALLS **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 15634

WESTWOOD HILLS HEALTH & REHABILITATION CENTER

3100 WARRIOR LN
 POPLAR BLUFF MO 63901-8686
Mailing Address 3100 WARRIOR LANE
 POPLAR BLUFF MO 63901-8686

Telephone (573) 785-0851 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 132
County BUTLER **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 08512

WEXFORD PLACE ASSISTED LIVING AND MEMORY SUPPORT BY SENIOR STAR

6460 NORTH COSBY AVE
 KANSAS CITY MO 64151-2377
Mailing Address 6460 NORTH COSBY AVE
 KANSAS CITY MO 64151-2377

Telephone (816) 743-4259 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 98
County PLATTE **DMH Licensed** No
Region 4 **Facility Number** 28861

WHISPERING OAKS RCF II, LLC

203 NORTH B ST
 POPLAR BLUFF MO 63901-5413
Mailing Address 203 NORTH B ST
 POPLAR BLUFF MO 63901-5413

Telephone (573) 686-4490 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 45
County BUTLER **DMH Licensed** Yes
Region 2 **Facility Number** 16751

WHISPERING PINES SENIOR LIVING LLC

4904 EAST WELLRIDGE LN
 JOPLIN MO 64801-8793
Mailing Address 4904 EAST WELLRIDGE LN
 JOPLIN MO 64801-8793

Telephone (417) 781-0099 **Alzheimer's Unit** No
Level of Care: RCF* **Bed Capacity** 20
County JASPER **DMH Licensed** No
Region 1 **Facility Number** 09477

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

WHITE OAK ASSISTED LIVING

1515 WEST WHITE OAK
 INDEPENDENCE MO 64050-2557
Mailing Address 1515 WEST WHITE OAK
 INDEPENDENCE MO 64050-2557

Telephone (816) 254-3500 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 78
County JACKSON **DMH Licensed** No
Region 3 **Facility Number** 06604

WILDWOOD SENIOR LIVING THE

3002 SOUTH JOHN DUFFY DRIVE
 JOPLIN MO 64804-
Mailing Address 3002 SOUTH JOHN DUFFY DRIVE
 JOPLIN MO 64804-

Telephone (417) 623-2233 **Alzheimer's Unit** YES
Level of Care: ALF** **Bed Capacity** 74
County JASPER **DMH Licensed** No
Region 1 **Facility Number** 31370

WILLARD CARE CENTER

400 WEST WALNUT LN
 WILLARD MO 65781-9432
Mailing Address 400 W WALNUT LN
 WILLARD MO 65781-9432

TEMPORARY CLOSURE - STAFFING

Telephone (417) 742-3593 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 66
County GREENE **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 16393

WILLOW BROOKE - ASSISTED LIVING BY AMERICARE

#1 NORTH POTOMAC CT
 UNION MO 63084-1113
Mailing Address 1 NORTH POTOMAC CT
 UNION MO 63084-1113

Telephone (636) 583-2799 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 50
County FRANKLIN **DMH Licensed** No
Region 6 **Facility Number** 13596

WILLOW CARE NURSING HOME

2646 STATE ROUTE 76
 WILLOW SPRINGS MO 65793-8254
Mailing Address PO BOX 309
 WILLOW SPRINGS MO 65793-0309

Telephone (417) 469-3152 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 105
County HOWELL **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 08614

WILLOW CARE REHABILITATION & HEALTH CARE CENTER

328 MUNGER LN
 HANNIBAL MO 63401-2361
Mailing Address 328 MUNGER LN
 HANNIBAL MO 63401-2361

Telephone (573) 221-9122 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 111
County MARION **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 03340

WILLOW WEST APARTMENTS

2644 STATE ROUTE 76
 WILLOW SPRINGS MO 65793-8254
Mailing Address PO BOX 309
 WILLOW SPRINGS MO 65793-0309

Telephone (417) 469-3152 **Alzheimer's Unit** No
Level of Care: ALF **Bed Capacity** 36
County HOWELL **DMH Licensed** No
Region 1 **Facility Number** 08614

WILSHIRE AT LAKEWOOD REHAB CENTER

600 NE MEADOWVIEW DR
 LEE'S SUMMIT MO 64064-1983
Mailing Address 600 NE MEADOWVIEW DR
 LEE'S SUMMIT MO 64064-1983

Telephone (816) 554-9866 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 170
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 22471

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

WILSON'S CREEK NURSING & REHAB

3403 WEST MT VERNON
 SPRINGFIELD MO 65802-5241
Mailing Address 3403 WEST MT VERNON
 SPRINGFIELD MO 65802-5241

Telephone (417) 864-5600 **Alzheimer's Unit** Yes
Level of Care: SNF **Bed Capacity** 172
County GREENE **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 05579

WINCHESTER NURSING CENTER, INC

400 WINCHESTER DRIVE
 BERNIE MO 63822-0760
Mailing Address PO BOX 760
 BERNIE MO 63822-0760

Telephone (573) 293-6702 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 44
County STODDARD **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 31391

WINCHESTER PLACE ASSISTED LIVING, LLC

404 WINCHESTER ROAD
 BERNIE MO 63822-7500
Mailing Address PO BOX 760
 BERNIE MO 63822-0760

Telephone (573) 293-6705 **Alzheimer's Unit** No
Level of Care: ALF** **Bed Capacity** 26
County STODDARD **DMH Licensed** No
Region 2 **Facility Number** 24912

WINDEMERE HEALTHCARE CENTER LLC

3100 NORTH WEST VIVION RD
 RIVERSIDE MO 64150-9436
Mailing Address 3100 NORTH WEST VIVION RD
 RIVERSIDE MO 64150-9436

Telephone (816) 741-0753 **Alzheimer's Unit** NO
Level of Care: RCF **Bed Capacity** 65
County PLATTE **DMH Licensed** No
Region 4 **Facility Number** 08668

WINDSOR ESTATES OF ST CHARLES SNAL, LLC

2150 WEST RANDOLPH ST
 SAINT CHARLES MO 63301-0894
Mailing Address 2150 WEST RANDOLPH ST
 SAINT CHARLES MO 63301-0894

Telephone (636) 946-4966 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 66
County SAINT CHARLES **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 06316

WINDSOR ESTATES OF ST CHARLES SNAL, LLC

2150 WEST RANDOLPH ST
 SAINT CHARLES MO 63301-0894
Mailing Address 2150 WEST RANDOLPH ST
 SAINT CHARLES MO 63301-0894

Telephone (636) 946-4966 **Alzheimer's Unit** Yes
Level of Care: ALF** **Bed Capacity** 90
County SAINT CHARLES **DMH Licensed** No
Region 5 **Facility Number** 06316

WINDSOR HEALTHCARE & REHAB CENTER

809 WEST BENTON
 WINDSOR MO 65360-1239
Mailing Address PO BOX 5
 WINDSOR MO 65360-0005

Telephone (660) 647-3102 **Alzheimer's Unit** No
Level of Care: SNF **Bed Capacity** 60
County HENRY **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 21715

WINFIELD RESIDENTIAL CARE

220 WEST WALNUT ST
 WINFIELD MO 63389-1122
Mailing Address 220 WEST WALNUT ST
 WINFIELD MO 63389-1122

Telephone (636) 668-8110 **Alzheimer's Unit** No
Level of Care: RCF **Bed Capacity** 20
County LINCOLN **DMH Licensed** Yes
Region 5 **Facility Number** 08729

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

WOOD OAKS, INC

1804 SOUTH STERLING AVE

INDEPENDENCE MO 64052-3845

Mailing Address PO BOX 520049

INDEPENDENCE MO 64052-0049

Telephone (816) 254-5400**Level of Care:** RCF***County** JACKSON**Region** 3**Alzheimer's Unit**

No

Bed Capacity

30

DMH Licensed

Yes

Facility Number

02389

WOODLAND MANOR

1347 EAST VALLEY WATERMILL RD

SPRINGFIELD MO 65803-3739

Mailing Address 1347 EAST VALLEY WATERMILL RD

SPRINGFIELD MO 65803-3739

Telephone (417) 833-1220**Level of Care:** SNF**County** GREENE**Region** 1 **Medicare/Medicaid****Alzheimer's Unit**

No

Bed Capacity

180

DMH Licensed

No

Facility Number

05794

WOODLAND MANOR NURSING CENTER

100 WOODLAND COURT

ARNOLD MO 63010-2030

Mailing Address 100 WOODLAND CT

ARNOLD MO 63010-2030

Telephone (636) 296-1400**Level of Care:** SNF**County** JEFFERSON**Region** 2 **Medicare/Medicaid****Alzheimer's Unit**

No

Bed Capacity

178

DMH Licensed

No

Facility Number

12549

WORTH COUNTY CONVALESCENT CENTER

503 E 4TH ST

GRANT CITY MO 64456-8363

Mailing Address 503 E 4TH ST

GRANT CITY MO 64456-8363

Telephone (660) 564-3304**Level of Care:** SNF**County** WORTH**Region** 4 **Medicare/Medicaid****Alzheimer's Unit**

No

Bed Capacity

50

DMH Licensed

No

Facility Number

08779

* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

** Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).